Day Programs and Respite Programs for Frail Elderly Persons, Persons with Dementia and their Caregivers

A Survey

The DPA Group Inc.

Day Programs and Respite Programs for Frail Elderly Persons, Persons with Dementia and their Caregivers

A Survey

Conducted for the
Elderly Services Branch,
Ontario Ministry of Community
and Social Services

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The DPA Group Inc.

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SURVEY OF DAY PROGRAMS AND RESPITE PROGRAMS FOR FRAIL ELDERLY PERSONS, PERSONS WITH DEMENTIAS AND THEIR CAREGIVERS

EXECUTIVE SUMMARY

1.0 INTRODUCTION

This survey is part of a comprehensive review of community-based programs for frail elderly persons, persons with dementias, and their caregivers. The DPA Group Inc. conducted this review for the Ministry of Community and Social Services (MCSS), to help it refine its policies for Day Programs and Respite Programs. The review comprises a literature search and interviews with key informants on programs in Ontario and elsewhere (presented in a separate document) and a survey of MCSS-funded Day Programs and Respite Programs, presented in this document.

Funding for programs for the elderly has been available under Home Support Services. In addition, funding is now available under the Alzheimer Community Program. The Alzheimer Community Program can provide up to 100% MCSS funding for approved operating costs, and capital funding is available. This new funding, available since 1986, has helped Day Programs and Respite Programs respond better to the needs of persons with dementia. It has allowed for the development of specialized Day Programs and the integration of persons with dementia into new and established Day Programs. Community-based Respite Programs provide caregivers with frequent short-term relief on a regular or emergency basis, while allowing the elderly person to remain in the home environment.

The general purpose of the survey of Day Programs and Respite Programs was to provide MCSS with descriptive information about the programs it funds for frail elderly persons, persons with dementias, and their caregivers. Policy recommendations will be developed by MCSS, and are not presented here.

The objectives of the survey are as follows:

i) To obtain information about the program components in specific MCSS-funded Day Programs and Respite Programs that would assist in developing MCSS policy on an appropriate core of program components for these programs in urban, rural and remote communities.

ii) To identify and analyze the current program and administrative costs of Day Programs and Respite Programs in Ontario as a basis for determining the development of appropriate funding policies and guidelines.

iii) To describe the staffing of the programs.

iv) To obtain information about how Day Programs and Respite Programs have identified local community needs, and involved local associations, family members and/or caregivers in program planning, development and delivery.

v) To identify the characteristics of the elderly persons being served in the Day Programs and Respite Programs.

vi) To obtain preliminary information on the extent to which the Day Programs and Respite Programs have developed the program components needed in their community.

vii) To obtain information on service utilization and program operations.

The survey included questions on program activities, procedures, staffing, characteristics of clients, community need and involvement and costs/utilization and program operations.

1.1 The Survey

MCSS records showed it had funded 113 programs. A questionnaire developed to serve detailed survey objectives was mailed to each program, and 88 (or 78%) were returned. The returns comprised 53 Day Programs, 27 Respite Programs and 8 other programs[1].

[1] The 8 other programs were excluded from the analysis because they had no characteristics in common with each other or the Day Program and Respite Programs.

Respondents were asked to classify their program into one of these categories. No definitions were provided in the questionnaire because it was felt that any definition could have excluded a program of interest from the survey.

1.2 Program Diversity

More than anything else, the survey results illustrate the diversity of Day Programs and Respite Programs funded by MCSS. Whereas some are long-standing programs with a large and diverse clientele, others are new programs seeking a niche in the community. The following overview of survey results should be taken in this context, and not viewed as a profile of a typical program.

2.0 SURVEY RESULTS - DAY PROGRAMS

- **Core Components.** Almost all 53 programs offered meals plus a package of recreational and social activities and transportation for clients. Many programs (80%) also offered a group of counselling and referral services, such as nutrition and health counselling and counselling to caregivers and clients. Sixty per cent of programs also provided health related services such as nursing or health monitoring.

  The three activities respondents said were most relevant to community needs were recreational and social activities (36), meals (34) and transportation (27). Transportation for clients also ranked among the top three resources needed to deliver programs effectively, along with the number of staff and volunteers.

  The most difficult activities to offer were transportation, counselling/education for caregivers, and recreational/social activities. The easiest activities to deliver were meals, recreational/social activities, and exercise groups.

  Transportation and attracting clients were problems at the start of programs. However, most respondents (37) were satisfied with their transportation arrangements, relying on a combination of the client's family, an agency van or volunteers. Fourteen were dissatisfied.

Thirty-three respondents said they would like to initiate a new activity, with family support groups - self help (12) and vacation care (11) mentioned most frequently. Seven programs offered services in both English and French, and most of the others saw no need for services in both languages. Fifteen programs offered services in a language other than English or French, and 12 others would like to do so.

Cost of Day Programs. Operating costs for the 12-month period ending March 31, 1988, ranged between $12,429 and $652,491 per program with a mean of $94,771 and median of $71,729.

The average cost per client day was $36.30.

Twenty-six respondents had received capital funding from MCSS; data from 18 respondents showed a range of $15,000 to $187,000 and a mean of $46,340.

Funding source included MCSS (43), client fees (36), and municipal contributions (17). Many respondents (29) also reported receiving free supplies and services, such as rent and cleaning.

Most respondents (49) said clients were charged fees. The average minimum daily fee was $5.13 and the maximum daily fee was $13.69. The average daily payment was $10.70. Most clients in most programs pay full fees.

Staff. The staff complement of Day Programs most frequently included the position of program coordinator (39), activity worker (28) and director/administrator (24). Special qualifications or experience were required for these positions.

Eighteen programs have staff or volunteers specially designated to work only with the cognitively impaired[2].

Many programs (45) formally evaluate the work performance of staff, and 39 have written policies concerning performance appraisal.

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[2] The terms "cognitively impaired" or "cognitive impairment" and "Alzheimers' disease and other dementias" are used interchangeably in this study.

Many respondents (35) said they had trouble recruiting competent volunteers, and 14 had problems recruiting staff. Nine respondents said they had problems retaining competent staff, and 14 had problems retaining competent volunteers. Forty-five programs provide in-service training to staff and/or volunteers. Most respondents (42) needed more staff or volunteers or both.

Community Involvement. Day Program staff are involved in their communities, as witnessed by referral networks, outside representation in Day Program planning, and Day Program representation on other programs.

Characteristics of Clients. The Day Programs served 2900 clients in the 12-month period ending March 31, 1988. Approximately 41% were frail elderly and not cognitively impaired, 31% were cognitively impaired, and 17% were caregivers. (Percentages do not tally because of reporting difficulties.)

Forty-six respondents reported their programs served clients with cognitive impairments and three reported their programs served no clients with cognitive impairments.

Respondents estimated 10% of clients (excluding caregivers) were under 65 years of age; 29% were 65 to 74 years; 42% were 75 to 84 years; and almost 20% were 85 years and older. Females outnumbered males 2 to 1. In terms of living arrangements, 31% were living with spouse only; 27% were living alone; 24% were with children only; and 18% were in some other arrangement.

Community and Program Needs. Respondents said the services in greatest need of improvement in their communities were vacation relief (31), coordination of services (29), and transportation to programs (28).

Aspects of Day Programs in greatest need of improvement were number of volunteers (28) and transportation for clients (23).

Many programs (29) had services such as recreational/social activities, referral to other services and counselling that were intended to meet the special needs of the cognitively impaired or their caregivers.

Service Utilization and Program Operations. While 9 programs have been operating for more than 10 years, many are relatively newer; 22 have been operating for three years or less. Day Programs operate in a variety of settings; many operate in Homes for the Aged (32), and others operate in a church (6), an elderly person's centre (3), general hospital (2), chronic hospital (2), home of the service provider (2), nursing home (2), and school building (2). Many (32) have access to other spaces outside their setting.

The number of clients served in each program ranged between 8 and 404, with a median of 45.

About 40% of clients use the programs for fewer than 12 months and 43% stay 1 to 3 years. Meals, recreational/social activities, exercise groups and transportation are the services or activities used by the largest numbers of clients.

Programs operate for an average of 7 hours each day, serving an average of 6.5 to 10.7 clients daily.

Respondents were divided about their ability to meet current demand. Many respondents (33) believed they were meeting current demand, and 19 said they were not. Twenty-three believed services were underutilized and 25 believed services were not underutilized. Most respondents (45) said demand is increasing.

Almost all programs assess clients' needs when they apply to the program, follow a formal intake procedure and periodically review clients.

The family, the client and the program director/administrator usually decide the services a client receives.

Medications are administered in 20 programs and self-administered medications are monitored in 33 programs. Staff carry out medical/nursing procedures in 26 programs.

Forty-three programs have protection for legal liabilities; 3 have no protection. Seven did not respond to the question on legal liabilities.

3.0 SURVEY RESULTS - RESPITE PROGRAMS

Core Components. Twenty of the 27 respondents who categorized their programs as Respite Programs provided in-home relief to caregivers/homemaking, and 18 said this was their service that best met community needs. The data do not indicate what aspects of the other 7 programs were respite in nature.

Since most programs (21) were offered through a multi-service agency, respondents reported a range of activities, such as referral to other services (13) and counselling and education for caregivers (11).

Eighteen respondents said they would like to initiate new activities, most frequently mentioning vacation care (11) and family support groups - self help (7).

Six respondents said services were available in both French and English. Only one of the 19 respondents who said services were not available in both English and French saw a need for such services. Twelve programs provided services in languages other than English or French. Five of the 15 programs without services in another language other than English or French saw a need for such services.

Some respondents found in-home relief to caregivers/homemaking the easiest service to deliver, while others found it the most difficult. The services respondents said were the easiest to deliver were in-home relief to caregivers/homemaking (11) and referral to other services (8). Respondents said the most difficult services to deliver were in-home relief to caregivers/homemaking (6) and transportation (5).

The most frequently reported problems when programs started were recruiting and retaining staff and volunteers (11) and funding (8). Six respondents said no problems were encountered at start up.

The three most essential program resources were the number of staff (17), training of staff and volunteers (17) and contacts with other agencies (10).

Costs. Operating costs for the 12-month period ending March 31, 1988, ranged between $2,000 and $360,700 per program, with a median of $66,580. The average cost per hour of service was $14.07.

Fees were charged in most programs (24), ranging on average from a minimum of $3.56 hourly to $5.26 hourly. The average payment per hour was $3.81. Most clients pay full fees.

Staff. Many respondents reported the position of program coordinator (20), clerical staff (13) and homemaker (10) in their staff complement. Nine respondents said their program has staff or volunteers specially-designated to work with the cognitively impaired; 17 respondents said their program has no such staff or volunteers.

Some respondents reported problems recruiting staff (15) and retaining them (14), primarily because of wages and benefits. Twelve respondents had no problems recruiting staff and 13 had no problems retaining them.

Eleven respondents had no problems recruiting and retaining volunteers. Nine had problems recruiting volunteers, and 7 had problems retaining them.

In service training was provided to staff and/or volunteers in 22 programs.

Community Involvement. Referral networks, other groups' participation in Respite Program planning and development, and Respite Program staff participation in other programs indicate extensive and appropriate community involvement by Respite Program staff.

Characteristics of Clients. Twenty-one respondents reported serving 2449 clients in the year ending March 31, 1988. Data indicate 74% were frail elderly but not cognitively impaired, 16% were cognitively impaired, and 21% were caregivers. (Percentages do not tally because of reporting difficulties.) Excluding caregivers, 18% of elderly clients were cognitively impaired although there were regional variations: in Central Region, 72% of elderly clients were impaired; Northern, 10%; Southwest, 14%; Southeast, 55%.

Seventeen respondents indicated their program served clients with cognitive impairments, and two said their programs served no cognitively-impaired clients. Almost 60% of clients are 75 years or older and 55% are female.

Community Needs. Respondents saw a need in their community for more vacation relief (15), and believed in home relief to caregivers/homemaking best met their communities' needs. In terms of improvements to the Respite Program, respondents saw the greatest need for increased staff (9), training for staff (6) and increased volunteers (6).

Service Utilization and Program Operations. The number of clients served by each program ranged between 4 and 693, with a median of 86 clients. Most clients use the program for less than 1 year, with in home relief to caregivers/homemaking being the most frequently used service.

Seventeen respondents said their services meet current demands. Eight said their service does not meet current demands and 8 said their program is underutilized. Forty However, 24 said demands are increasing.

Client need is assessed on application to most Respite Programs (26), usually in the client's home or by telephone (22), using a standard assessment form (20).

The services a client receives are usually selected by the family, the client and/or the program director/administrator. Most programs (24) conduct periodic reviews of clients.

Seven programs administer medication and 12 monitor self-administered medication. Ten programs have staff who carry out nursing/medical procedures; 17 programs have no such staff.

There are 21 programs with legal protection. Three programs have no legal protection.

Part I - Introduction

SURVEY OF DAY PROGRAMS AND RESPITE PROGRAMS FOR FRAIL ELDERLY PERSONS, PERSONS WITH DEMENTIAS AND THEIR CAREGIVERS

PART I - INTRODUCTION

1.0 THE COMPREHENSIVE REVIEW

This survey is part of a comprehensive review of community-based programs for frail elderly persons, persons with dementias, and their caregivers. The DPA Group Inc. conducted the review for the Ministry of Community and Social Services (MCSS), which in 1986 introduced funding for community-based programs serving persons with dementias and their caregivers.

Funding for programs for the elderly has been available under Home Support Services. In addition, funding is now available under the Alzheimer Community Program. The Alzheimer Community Program can provide up to 100% MCSS funding for approved operating costs, and capital funding is available. Thus, home support/community-based services can now access both Home Support Services funding and special Alzheimer Community Program Funding.

This funding base has enabled new and established Day Programs and Respite Programs to respond better to the needs of persons with dementias and their caregivers. The Day Program, first established in Ontario in 1959, offers a core program of social and recreational activities, a meal and transportation between the program and home, plus other activities for frail or socially-isolated elderly people. A 1985 study found that about half of the Day Programs were experiencing an increasing demand for admission from persons with moderate to high cognitive impairments[1]. Many programs could not accept these persons because of insufficient resources and concern about disrupting the program. The new funding available since 1986 has allowed for the development of specialized Day Programs and the integration of persons with dementias into new and established Day Programs.

Community-based Respite Programs provide caregivers with frequent short-term relief on a regular or emergency basis, while allowing the elderly person to remain in a home

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[1] The terms "cognitive impairment" or "cognitively impaired" and "Alzheimers disease and other dementias" are used interchangeably in this study.

environment. Community-based respite care may be provided in the elderly person's home or in the respite provider's home. Respite care can be a component of another program, such as a Day Program or homemaker service.

Respite Programs and Day Programs may also offer family caregiver support groups, counselling and education; these services may also be offered as independent programs. The objectives of these services are to support family caregivers and help them maintain an elderly person in the personal home environment for as long as possible. Funding for these services is the same as for Day Programs and Respite Programs.

The 1987/88 allotment for Day Programs and Respite Programs was $4 million, and $600,000 in capital funding. MCSS now wishes to tap the funded agencies' experience with dementia programs and place it in the broader perspective of experience elsewhere, in order to refine program policies in Ontario.

The nature of dementia, the needs of caregivers and persons with dementias, and programs in Ontario and elsewhere as described in the literature and discussed by key informants are presented in a separate document. This report presents the results of a survey of Day Programs and Respite Programs funded by MCSS.

1.1 Purpose of the Survey

The general purpose of the survey was to provide MCSS with descriptive information about Day Programs and Respite Programs funded by MCSS that serve the frail elderly, persons with dementias, and their caregivers. Specific objectives set in the Terms of Reference (Appendix A) were explored in discussions between MCSS officials and the study team and guided subsequent data gathering. In general, data were collected on core program components, costs, staffing, community involvement, characteristics of persons served by the programs, fulfillment of community needs, utilization of the program, and various aspects of program operations. The data were analyzed using descriptive statistics. Further interpretation of the data and possible policy recommendations will be pursued by MCSS staff, and are not included here at the request of MCSS.

More than anything else, the survey results illustrate the diversity of Day Programs and Respite Programs funded by MCSS. The survey results should be taken in this context, and not viewed as a profile of a typical program.

1.2 Methods Used to Collect and Process the Data

The survey objectives and detailed questions in the Terms of Reference guided preparation of a draft questionnaire. The draft was refined through discussions with MCSS officials, feedback from a focus group of agency service providers, and a pre-test of selected providers. The final questionnaire (Appendix B) was sent in June, 1988 to all agencies that MCSS records indicated had received funding for a Day Program or Respite Program. These agencies, listed in Appendix C, received a questionnaire for each relevant program they operated; thus, some received more than one if the records indicated they operated more than one Respite Program and/or Day Program.

The questionnaire was accompanied by a letter signed by the appropriate MCSS Area Manager, explaining the survey. The agencies were also asked to categorize their programs as Day Programs, Respite Programs or other programs serving caregivers, the frail elderly or persons with dementia. Definitions were not provided, since any definition could have led to the exclusion of a relevant program from the survey.

MCSS records indicated 113 programs were being funded. Questionnaires were distributed for each of these, and 88 (or 78%) were returned. The returns comprised 53 Day Programs (60% of returns), 27 Respite Programs (31% of returns) and 8 other programs (9% of returns). Non-respondents were telephoned by the study team and encouraged to respond. Discussions with non-respondents suggested there was no single reason for not responding and therefore no reason for believing the survey data were biased by non-response.

All questionnaires were edited and coded, and data were entered using dBase III. The raw data were then transferred to SAS for processing.

Data from the 8 other programs are not reported here because these programs share no common characteristics, and cannot be grouped with either the Day Programs or the Respite Programs.

Some data on Respite Programs and Day Programs have not been reported because of a low rate of response to individual items. Low response rates may have occurred in some instances because programs did not collect the kind of information requested, or because respondents were tired by the length of the questionnaire. Ambiguities and inconsistencies in respondents' answers also limit the use of some data. Some respondents left blanks in a series of numerical answers and were recorded as "no response", although it is possible that some had meant to indicate a response of zero. Also, some respondents provided numerical responses that did not sum to the total they provided, creating inconsistencies in the group data, especially when reporting on client characteristics.

1.3 Organization of the Report

The survey results are presented in two parts: the first discusses Day Programs; and the second, Respite Programs. In each part, the section headings follow the study objectives in the sequence specified in the Terms of Reference. In each section, the objective is stated first and then the province-wide data are described. Data for programs in the four administrative regions set by MCSS are then presented, but usually only in cases where one or more regions varies from the pattern observed for the province as a whole. Tables of province-wide data are appended to this report in Appendix D. Each table is referenced according to the program (DP - Day Program; RP - Respite Program) and the number of the objective it serves. Each table reporting Day Program data is numbered the same as the table reporting the corresponding Respite Program data. A separate document entitled Review of Day Programs and Respite Programs for Frail Elderly Persons, Persons with Dementias and Their Caregivers - Survey Data by Objective, Program and Region contains tables for the 4 regions.

Part II - Community-Based Day Programs in Ontario

PART II - COMMUNITY-BASED DAY PROGRAMS IN ONTARIO

1.0 CORE COMPONENTS OF COMMUNITY-BASED DAY PROGRAMS

Objective I: To obtain information about the program components in specific MCSS-funded Day Programs that would assist in developing MCSS policy on an appropriate core of program components for these programs in urban, rural and remote communities.

MCSS has 4 regions. Of the 53 Day Programs that responded to the survey, 11 are in the Ministry's Central Region, 7 are in the North Region, 27 are in the Southwest and 8 are in the Southeast. Given the small numbers of programs in the regions, comparisons of responses on a regional basis should be made cautiously.

Most programs provide their services through a multi-service agency (39) and in one location (49). Some programs had municipal sponsorship (23), and some were charitable, not for profit (27) (Tables DP1.1 - DP1.3).

1.1 Activities Provided in Day Programs

Respondents were asked to identify the activities provided by the program, choosing from a list of 15 specified activities (i.e. nursing services, meals, transportation) and with an option to write in other activities not included in the list. Four respondents wrote in physical care; 3 indicated overnight care.

More than 90% of Day Programs provided recreational/social activities (52), meals (51) and exercise groups (50). The next most common activities reported were transportation (45) and referral to other services (44).

Other frequently reported activities were health monitoring (36), counselling to client (33), activities for daily living programming (32), counselling/education for caregivers (32), nutrition/health counselling (31), and nursing services (28).

The activities offered by only a few programs were physiotherapy (9), vacation care (7), physical care (4), in home relief to caregivers/homemaking (3), and overnight care (3). [Table DP1.4].

Activities that tended to occur together were identified through analysis of correlation coefficients[1], to determine whether there were any observable patterns in the combinations of activities offered by the Day Programs. Three patterns, or distinctive groupings, were observed:

- Almost all programs provided a group of recreational/social activities, offered in combination with exercise groups and transportation.

- Many programs (80%) also offered a group of counselling activities and referral to other services. This grouping included nutrition/health counselling and counselling to clients and caregivers.

- Sixty per cent of the programs offered a group of medical-related activities: nursing services, health monitoring, and physiotherapy.

Although most programs (51) provided meals, this activity is independent of the others and does not appear in the groups.

1.2 Transportation Arrangements

When asked how transportation for clients is arranged, respondents indicated they relied on the client's family (36), the agency's own van or bus (27), volunteers (20), and/or municipally-operated transportation (18) [Table DP1.5].

Analysis of correlation coefficients showed programs used several transportation arrangements, quite often combining volunteers, the client's family and referrals to other service providers -- likely one that can arrange transportation. Others used municipally-operated transportation in combination with the client's family or friends.

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[1] Zero-order Pearson product-moment correlations, using a coefficient of r = .03 as a cutoff, were used to measure the association between any two sets of variables or activities. At r = .03, slightly less than 10% of the variance in one variable is explained by knowledge of the second. Although this is an acceptable standard in social sciences, a more rigorous co-efficient of .05 was used in some cases. At r = .05, slightly less than 25% of the variance in one variable is explained by knowledge of the second.

Several analyses of correlation coefficients are presented in this report to describe combinations of answers to questions that allowed the respondent to provide more than 1 answer.

Most respondents (37) indicated they were satisfied with their transportation arrangements; 33 did not indicate what aspects of the arrangements contributed to their satisfaction and the other 4 offered such reasons as "staff accompanies driver, security for clients"; "always same driver, security for client"; and "mileage payment attracts volunteers". Of the 14 respondents who were dissatisfied with transportation, 6 indicated their arrangements were inappropriate for cognitively-impaired passengers, but did not explain why [Table DP1.6].

1.3 Services in Other Languages

Seven respondents indicated their program provides services in both French and English, and 46 said their program does not provide services in both languages. [Table DP1.7]. Fifteen programs provide services in languages other than French or English; the most frequently mentioned languages were Italian (9), German (7), and Chinese (4) while others included Dutch, Russian, Ukranian and sign language [Table DP1.8].

1.4 Assessment of Activities

1.4.1 Ideal Grouping of Activities

Respondents were asked to list which activities they believed belong together in a program. The activities most frequently suggested as belonging in a group were health monitoring (33), recreational/social activities (32), meals (28), exercise groups (28) transportation (27), nursing services (25) and nutrition/health counselling (25). Most respondents indicated that a full range of activities belonged together in a program.

Analysis using a coefficient of .05 shows three clusters of activities that were suggested. Most respondents listed a group of referral and counselling services provided to caregivers rather than elderly clients. A second cluster comprised activities for elderly clients; these activities included meals, recreational/social activities and activities of daily living programming. Medical-related services such as physiotherapy, nursing services and health monitoring for elderly clients comprised a third cluster. Many respondents listed the first and second clusters and some listed all three, but none listed only the first and third clusters together.

Some respondents provided two lists of activities they believed belong together in a program. The first list is the full range of activities described above. The second list contained primarily counselling services and include counselling to the client (16),

counselling/education for caregivers (16), referral to other services (15) and family support groups-self help (14). There were too few responses to examine combinations of these activities through correlation coefficients.

Respondents were asked what problems could be encountered in offering the proposed packages. Many respondents (28) did not reply, and thus the data are unreliable. Of those who did reply, 14 mentioned lack of staff and volunteers and 11 mentioned cost [Table DP1.9].

1.4.2 Activities Respondents Would Like to Initiate

Thirty-three respondents indicated they would like to initiate one or more new activities. The most frequently mentioned activities were family support groups-self help (12), vacation care (11), counselling/education for caregivers (8) and in home relief to caregivers/homemaking (7) [Table DP1.10]. When asked why these activities had not been initiated, a lack of funds and lack of staff were each mentioned in 29 instances. A lack of volunteers was also mentioned in 11 instances, as a reason for not initiating in home relief for caregivers/homemaking, family support groups-self help and counselling/education for caregivers. A lack of community need was mentioned in 6 instances, and a lack of sponsor was mentioned in 2 instances.

1.4.3 Activities That Were Discontinued

Only 6 programs had discontinued activities. Reasons for discontinuing activities are the same as reasons for not initiating new activities: lack of staff, funds and volunteers.

1.4.4 Ease of Delivery of Activities

When asked to indicate which activities on a list were the easiest to deliver, respondents most frequently indicated meals (41), followed by recreational/social activities (35) and exercise groups (27). Some respondents also mentioned nursing services (16), while most of the remaining activities were mentioned by fewer than 10 respondents [Table DP1.11].

Respondents were also asked why the activities they indicated were the easiest to offer. Although many respondents (18) offered no reply, most of the others indicated facilities, resources and staff were available for these activities [Table DP1.12].

The most difficult activities to deliver were transportation (26), followed by counselling/ education for caregivers (13) and recreational/social activities (12) [Table DP1.13]. Reasons why these activities were the most difficult to offer include transportation problems (17), volunteer or staff shortages (13) and diversity of clients (9). Eighteen respondents offered no reasons [Table DP1.14].

1.5 Needs Identified by Day Program Providers

1.5.1 Languages

Limited need was seen for services in both English and French or services in other languages. As discussed previously, 7 programs provide services in both English and French. Most respondents (42) from the other programs indicated there is no need for both English and French services in their programs, while 4 indicated such services were needed [Table DP1.15].

Fifteen programs offer services in languages other than English or French. Of the other 37 programs, 23 indicated no need for services in other languages and 12 saw such a need [Table DP1.16].

1.5.2 Problems at the Outset of the Program

Transportation (27) and attracting clients (27) were the most frequently reported problems at the outset of programs. Other problems at the outset were funding (22) and locating (17) and equipping (12) a facility. Two respondents reported no problems at the outset. [Table DP1.17]. The most frequently reported combination of problems was transportation and funding.

1.5.3 Essential Resources

Respondents were asked to indicate on a checklist of 12 resources which resources were essential to delivering services effectively in their community. With one exception (transportation for staff and volunteers), each resource was thought to be essential by at least 50% of the respondents. Ninety percent or more indicated the number of staff, volunteers and transportation for clients were essential and 80% or more indicated training, space, and contacts with other agencies [Table DP1.18]. The other essential resources were

convenient location, program equipment, consultation with Area Office of MCSS, office equipment, and peer consultation.

When asked to indicate which three resources were the most essential, respondents most frequently indicated transportation for clients (34), number of staff (33) and space (28). The number of volunteers (12) and training of staff and volunteers (10) were also seen as essential; the remaining resources on the checklist were thought most essential by fewer than 10 respondents.

On a regional basis, all 8 respondents in the Southeast included the number of volunteers and training for staff and volunteers as the three most essential resources.

1.5.4 Guidelines

Respondents were asked for which activities they would find standards or guidelines most helpful. Recreational/social activities were most frequently indicated, by 22 respondents, followed by transportation (18), exercise groups (15), and referral to other services (13) [Table DP1.19].

2.0 COSTS OF COMMUNITY-BASED DAY PROGRAMS

Objective II: To identify and analyze the current program and administrative costs of Day Programs in Ontario as a basis for determining the development of appropriate funding policies and guidelines.

2.1 Operating Costs and Capital Costs for Fiscal Year 1987/88

Estimated or projected operating costs for the 12-month period ending March 31, 1988 were reported by 46 respondents. Reported costs ranged between $12,429 and $652,491 per program, with a median of $71,729 and a mean of $94,771. Median operating costs in the regions ranged between $25,207 in the Northern Region and $98,662 in the Southwest. Median operating costs in the Central Region were $52,433, and $71,729 in the Southeast. Operating costs for all programs combined totalled $4,359,470 [Table DP2.1].

The number of client days of service reported by 41 respondents for the 12 months ending March 31, 1988 ranged between 416 days and 7072 days, with a median of 1976 days [Table DP2.2]. On a regional basis, the median number of client days ranged between 780

in the North and 2080 in the Southwest. Respondents in the Central Region reported median of 1560 client days, and the Southeast reported a median of 1638 days.

The average cost per client per day was $36.30. On a regional basis, the average cost per client per day was $33.61 in the Central Region, $32.31 in the Northern Region, $47.43 in the Southwest and $43.79 in the Southeast.

Data on estimated or projected capital costs for the 12 months ending March 31, 1988 were provided by 33 respondents, including 21 respondents with no capital costs during the period. Six respondents reported capital costs of $15,000 or less, 4 reported costs between $31,000 and $60,000, and 2 reported costs of more than $60,000 [Table DP2.3].

Thirty respondents provided information on the percentage of total costs (operating and capital) allocated to administration. Most respondents (17) reported administrative costs of 10% or less of total program costs, although 6 reported administrative costs of more than 60% of program costs [Table DP2.4].

2.2 Capital Funding

Twenty-six respondents indicated their program had received capital funding at one time or another from MCSS, and another 4 had applied for it at some time, but had not received it. Eighteen reported the amount they had received, ranging from $15,000 to $187,000 with a mean of $46,340. Most recipients (23) reported how the money was spent, indicating one or more expenditures on renovations/equipment (12), a vehicle (8), furniture for the client area (6), office furniture and equipment (5), safety devices (2) and start-up costs (2) [Tables DP2.5A - DP2.5B].

2.3 Funding and Revenue Sources

Although all programs surveyed were selected from current MCSS files on funded programs, only 43 of the 50 respondents providing revenue source data indicated receipt of MCSS funding for the 12-month period ending March 31, 1988. Many respondents reported receiving client fees (36). The other frequently reported funding sources were municipal contributions (17) and donations/miscellaneous (12) (Table DP2.6].

Twenty-two respondents reported receiving no free services, while 29 reported receiving free supplies or services: cleaning (25), rent (24), clerical support (16), office equipment

(9) and/or program equipment (4) [Tables DP2.7 - DP2.8]. Rent and cleaning formed the combination of free services most frequently reported.

2.4 Fees

Two respondents said no fees were charged to clients. Most respondents (49) reported fees were charged, but many did not provide more detailed information about specific fees, perhaps because they did not record them [Table DP2.9]. The data do not indicate the number of respondents that did not charge a minimum or maximum fee (or other type of fee reported below) because many respondents left blank answer spaces. A blank may indicate that no fee was charged, or that the respondent skipped the question.

A minimum daily fee was reported by 28 respondents, with a mean of $5.13 in a range of $1 to $15. A maximum daily fee was reported by 37 respondents, with a mean of $13.69 in a range of $3 to $45. An average daily payment was reported by 41 respondents, with a mean of $10.70 in a range of $2 to $66. Thirty respondents reported an average daily payment of $10 or less [Tables DP2.10 - DP2.10A].

Fees varied somewhat on a regional basis. The Central Region reported a minimum daily fee of $3.50 and a maximum of $15.90, with an average daily payment of $12.27. The North Region reported a minimum of $5.50 and a maximum of $10.33, with an average daily payment of $8.60. The Southwest Region reported a minimum of $4.90 and a maximum of $14.53, with an average daily payment of $11.28. The Southeast Region reported a minimum of $7.10 and a maximum of $14.53, with an average daily payment of $11.28. (All figures are the mean of figures reported by respondents in the region.)

Only one program reported charging an hourly fee with a minimum of $2.50 and a maximum of $3.00 per hour.

Additional special fees were reported by respondents. Of 53 respondents, 11 reported charging for meals, with a mean of $3.18 charged for a meal [Table DP2.11]. Thirteen reported a fee for transportation, with a mean fee of $1.95 in a range of $0.85 to $3.50. Four respondents reported other fees for day trips and personal care services such as hairdressing and pedicures.

Most clients across programs pay the full fee. Seventeen respondents reported all clients pay full fees and another 17 reported 80% or more pay full fees [Table DP2.12]. Fourteen

respondents said that between 1% and 10% of their clients did not pay any user fee because of inability to pay [Table DP2.13]. Twenty-five respondents said exceptions were made to the fee schedule, usually if the client is unable to pay the full fee, and 18 said no exceptions are made.

3.0 STAFFING PATTERNS OF COMMUNITY-BASED DAY PROGRAMS

Objective III: To describe the staffing of the programs.

3.1 Staff and Volunteer Complement

When asked which staff positions on a list were included in the program's staff complement, respondents most frequently reported the position of program coordinator (39). Other positions frequently indicated were activity worker (28), director/administrator (24), driver (19), social worker (16), supervisor (15) and clerical staff (15) [Table DP3.1).

Special qualifications or experience are required for several positions. Most frequently, respondents noted special qualifications were required for the position of program coordinator (25), followed by activity worker (14), director/administrator (11) and social worker (10) [Table DP3.2].

3.1.1 Staff for Cognitively Impaired

Eighteen respondents indicated staff or volunteers were specially designated to work only with the cognitively impaired, while 34 respondents indicated they had no special staff. Sixteen respondents reported a total of 32.5 specially-designated staff and 10 reported a total of 69 volunteers.

3.2 Staffing Conditions

Most respondents (45) said the work performance of staff is formally evaluated; 5 said work performance is not formally evaluated. Many programs (39) have written policies concerning performance appraisal; 10 have no written appraisal policies.

Most respondents (39) reported they had no problems recruiting competent staff. The 14 respondents who reported problems most frequently indicated wages (9) and lack of qualified candidates (9) were the major problems [Table DP3.3]. Respondents reporting

problems with wages also reported problems with pension plans, benefits and working conditions. Lack of qualified candidates was reported by another group of respondents, who also saw problems with lack of training.

Eighteen respondents indicated they had no problems recruiting competent volunteers. The 35 respondents who had problems recruiting volunteers most frequently mentioned lack of available candidates (27) and lack of qualified candidates (12) [Table DP3.4].

Nine respondents reported difficulty retaining competent staff. The major problems were wages (8), benefits (3), burnout (3) and lack of qualified candidates (2) [Table DP3.5]. Forty-three respondents reported no difficulty retaining competent staff, including all respondents in the Southeast Region.

Many respondents (32) reported no major problems retaining competent volunteers. The 19 respondents who reported problems most frequently mentioned lack of long-term commitment (6), burnout/stress (4), lack of recognition (3), and job image (2) [Table DP3.6].

Only 10 respondents indicated no need for additional staff or volunteers to meet present demands on the program. Twenty needed both staff and volunteers, 15 needed volunteers only, and 7 needed staff only [Table DP3.7].

Orientation and in-service training are provided to staff and volunteers in most programs. Fifty programs provide orientation for staff and 44 provide orientation for volunteers. One program provides no orientation for staff, and 8 provide no orientation for volunteers.

In-service training is provided for both staff and volunteers in 39 programs, to staff only in 4 programs and to volunteers only in 2 programs [Table DP3.8].

In-service training on cognitive impairment is provided to both staff and volunteers in 35 programs and only to staff in another 5 programs [Table DP3.9]. When asked to describe the content of the training, 34 indicated a variety of approaches: workshops (20), information on Alzheimers and other dementias (12), and regular in-service training (10) [Table DP3.10]. Thirty of the 45 programs that provide in-service training are satisfied with it. Three respondents did not indicate whether they were satisfied with the training.

The 12 who said they were dissatisfied said they would like it to be more intensive (5), with access to more material (4) and/or more available to volunteers (4) [Table 3.11].

Written staff position descriptions are available in 46 programs, and 32 programs have descriptions of volunteer positions.

4.0 COMMUNITY INVOLVEMENT OF COMMUNITY-BASED DAY PROGRAMS

Objective IV: To obtain information about how Day Programs have identified local community needs and involved local associations, family members and/or caregivers in program planning, development and delivery.

4.1 Identification of Community Needs

Need for the Day Program was determined through a variety of means: expert opinion/professional groups (27), needs assessment/organizational planning (26) and/or requests by public/family members (23) [Table DP4.1]. Need was seldom assessed through both formal assessment and public requests; programs using one of these assessment methods seldom used the other. Fifteen programs were operating before need was studied, and 32 were operating after need was studied.

4.2 Community Involvement Through Planning and Referrals

Community involvement is indicated through referral networks, participation of many groups in Day Program planning, and participation of Day Program representatives in other groups. Referrals are received from several sources, primarily family members (49), public health nurses (43), local hospitals (42), clients' physicians (42), and the local Home Care program (41). Twelve other referral sources were also indicated, including self-referral (32) and the Alzheimer Society (27) [Table DP4.2].

Groups involved in the initial planning and development of Day Programs included the Area Office of MCSS (36) and the local Home for the Aged (31), as well as the Alzheimer Society (19), public health nurses (19), and local hospitals (16) [Table DP4.3]. These groups continued to participate in on-going planning, development and delivery of services [Table DP4.4].

Twelve respondents said family members were involved in the initial planning and development of Day Programs, and 21 said family members were involved in on-going planning, development and delivery services. Nineteen respondents said the Alzheimer Society was involved in the initial planning and development of the Day Program and 22 said it was involved in on-going planning.

The Day Program, in turn, is represented on boards or policy or advisory committees of the Home for the Aged (22), seniors councils or organizations (13), the Alzheimer Society (12) and at least 11 other groups, according to information from 39 respondents [Table DP4.5]. Together, the data suggest Day Program staff are involved in their community, and the nature and extent of their participation is consistent with the Day Program's function in the community.

4.3 Assessment of Services

All but 1 respondent answered a question which asked respondents to indicate from a list which methods (if any) were used to assess the effectiveness of a program's services. Respondents indicated a variety of methods were used to assess the program's effectiveness: feedback from clients (51), the program's own appraisal and assessment (47), feedback from referral sources (33) and/or review of care plans (26). Other methods include review by a local planning or funding group (14), periodic surveys of need (14) and an on-going monitoring committee (12) [Table DP4.6]. Although most respondents reported more than one method of appraisal, no patterns or combinations were observed in association with client feedback or self-appraisal, the two most-frequently reported methods.

5.0 CHARACTERISTICS OF CLIENTS OF COMMUNITY-BASED DAY PROGRAMS

Objective V: To identify the characteristics of the persons being served in the Day Programs.

5.1 Demographic Characteristics of Day Program Clients

Questions on clients' characteristics were not answered completely by all 53 respondents and figures provided by individual respondents in some cases did not sum to the total provided by the respondents. Despite these reporting difficulties, the data provide a good

description of Day Program clients because most respondents (46) answered all questions, and most of their answers tallied correctly.

Two client groups are discussed: elderly clients who participate in most Day Program activities, and caregiver clients who receive education and counselling.

Fifty respondents reported the number of people that had used their program in the 12-month period ending March 31, 1988. The total for all programs combined was 2900. A more detailed description was provided by 49 respondents, although the non-respondents to each part of the question (number of frail elderly, number of cognitively impaired, number of caregivers) varied and only 46 respondents answered all sections. Figures provided by 49 respondents showed 1165 clients were frail elderly and not cognitively impaired, 874 were cognitively impaired, and 505 were caregivers [Table DP5.1]. Expressed as a percentage of total clients reported by respondents to each section of the question, 41% were frail elderly and not cognitively impaired, 31% were cognitively impaired and 17% were caregivers.[2] The cognitively impaired clients were 43% of all elderly clients, excluding caregivers.

On a regional basis, the number of elderly clients and the percentage that were cognitively impaired is shown below:

Central Region:	480 elderly clients, including 302 (63%) cognitively impaired.
North Region:	177 elderly clients, including 52 (29%) cognitively impaired.
Southwest Region:	1111 elderly clients, including 383 (34%) cognitively impaired.
Southeast Region:	271 elderly clients, including 137 (51%) cognitively impaired.

[2] Percentages do not total to 100% since each was calculated from a different client base.

Forty-nine respondents indicated that 576 of their caregiver clients were caring for cognitively impaired persons[3]. Twenty-two respondents said they collected information about caregiver clients, such as family and social history and interests (7), basic or identifying information (7), stress factors/health/needs assessment(s) period, living arrangements (5), and health background of the elderly client (5) [Table DP5.2]. Twenty-nine respondents said no information about caregiver clients was collected.

The balance of the discussion in this section concerns only elderly clients.

Respondents estimated 10% of elderly clients were under 65 years of age; 29% were 65 to 74 years; 42% were 75 to 84 years; and almost 20% were 85 years and older. Females outnumbered males by 2 to 1. In terms of living arrangements, 31% were living with spouse only; 27% were living alone; 24% were with children only; and the others were in some other arrangement [Table DP5.3A - DP5.3C].

Many elderly clients live more than 5 km from the Day Program. Data from 46 respondents show 40% of clients live within 5 km of the program, 48% live 5 - 20 km from the program and 11% live beyond 20 km [Table DP5.3D].

5.2 Clients' Disabilities

5.2.1 Cognitive Impairment

Forty-six respondents reported their programs served clients with cognitive impairments, a total of 874 clients, and three reported serving no clients with cognitive impairments. Information from 43 respondents shows that whereas almost half of the 17 persons under 50 who received services were reported as cognitively impaired, only one-third of persons 85 and older were cognitively impaired. The 75 to 84 year cohort had the largest number of cognitively impaired, since this is the largest age group and 40% were impaired [Table DP5.4A].

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[3] Group data for 49 respondents indicate 505 caregiver clients and 576 caregiver clients caring for cognitively impaired persons.

The discrepancy between the two figures occurs because some respondents reported no caregiver clients, but did indicate a number of caregiver clients caring for a cognitively impaired person.

A greater proportion of the male clients compared with female clients were cognitively impaired; 45% of the men were impaired, compared with 33% of the women [Table 5.4B].

Examining living arrangements and cognitive impairment, three-quarters of program clients who live with someone other than family are cognitively impaired, as are about half of clients who live with spouse only or with children and spouse, and one-fifth of clients who live alone [Table DP5.4C].

5.2.2 Other Limitations

Forty respondents provided information on 1857 elderly clients' cognitive/physical condition. Of this group, 54% were not cognitively impaired, 32% were cognitively impaired only and 14% were cognitively impaired and physically impaired. The figure of 46% with cognitive impairment alone or with other disabilities compares with the 43% of elderly clients who were cognitively impaired, as reported by 49 respondents and discussed in Section 5.1.

Respondents (46) also reported the number of clients with various behaviours, most frequently reporting mobility and sensory impairments. Of all reports of various behaviours, mobility impairment comprised 30% of mentions; sensory impairment 27%; and wandering, 11% [Table DP5.5].

5.3 Use of Other Services By Clients

Most respondents (40) provided information about the other services used by their clients during the 12-month period ending in March, 1988. Transportation was the most frequently used service, followed by public health nurses, Home Care, other Day Programs, homemaker service and Meals on Wheels. Institutional respite care was used by 86 clients [Table DP5.6]. Expressed as a percentage of the total number of reports of clients using other services, transportation accounted for 17% of the reported usage of other services; public health nurses, 15%; Home Care, 14%; and other Day Programs, 13%.

6.0 NEEDS MET BY COMMUNITY-BASED DAY PROGRAMS

Objective VI: To obtain preliminary information on the extent to which Day Programs have developed the program components needed in their community.

In order to estimate the extent to which programs were serving community needs, respondents were asked to indicate improvements in the community needed to better serve the frail elderly, the cognitively impaired and their caregivers. They were also asked what aspects of their own program needed improvements, and whether activities were designed for the cognitively impaired.

Respondents were first asked to review a list of 11 services and indicate only those services in need of improvement in their community; these needed services were then scored as most needed through to least needed on a scale of 1 to 5, with a score of 1 showing greatest need. The most needed service overall was vacation relief, with 31 respondents scoring this service 1 or 2, followed by coordination of services (29), transportation to programs (28), family support and counselling (25), emergency/crisis care (25) and night care services in the home (23). No need for improvement in day care and access to health and personal care services was indicated by 27 respondents, while 25 saw no need for improvements in homemaker service and 23 saw no need for improvements in institutional care [Table DP6.1].

Respondents were then asked to rate the need to extend or improve various aspects of their program. The greatest needs were for volunteers (28), transportation for clients (23), staff training (20), improvement of the physical environment (19) and increasing staff size (18). Least needed were improvements to equipment (20), consultation from others (20), and health care (20) [Table DP6.2].

Three activities appear to be the most relevant to community needs. When asked which of their present activities have best met their community's needs, respondents indicated recreational/social activities (36), meals (34) and transportation (27). The next most frequently mentioned activity was nursing services (16), while the remaining activities were mentioned by 12 or fewer respondents [Table DP6.3].

About half the respondents (29) indicated that some activities are geared to the special needs of cognitively impaired persons or their caregivers. Most frequently, these activities were recreational/social activities (28), exercise groups (22), referral to other services (21), and counselling/education for caregivers (19) [Table DP6.4].

The data are insufficient to indicate whether community need played a role in decisions to discontinue program activities. Of the 4 respondents who said an activity was discontinued, 3 said it was discontinued because of a change in need. The data also do

not indicate whether community need affected decisions to initiate new activities. The 35 respondents who said they would like to initiate new activities were asked why they had not done so previously, choosing from a list of possible reasons. Six indicated "No previous community need" as a reason.

7.0 SERVICE UTILIZATION AND PROGRAM OPERATIONS

Objective VII: To obtain descriptive information on service utilization and program operations.

7.1 Length of Time in Operation

Of the 48 respondents providing information on the length of time their program had been operating, 22 indicated their program had been operating for three years or less. Ten programs had been operating for 5 to 10 years, and 9 had been operating for more than 10 years [Table DP7.1].

7.2 Setting

Most respondents (43) said their program was provided in a free-standing facility. Other descriptions of settings (respondents could choose more than 1) included Homes for the Aged (32) and nine other settings, such as church (6), hospital (4) and Elderly Persons' Centre (3). No respondents said their program was set in a mobile unit, a social service agency, a retirement home, a seniors' apartment or club, or an office [Table DP7.2].

Space available in these settings included a dining area (48), washrooms accessible to a wheelchair and assistant (47), office space (41), table and gross motor activity areas (36) and a food preparation and food storage area (36) [Table DP7.3]. Twenty-five respondents said they had direct access to other spaces, such as a recreation/leisure area (18), outdoor area (7) and a hairdressing shop (6) [Table DP7.4]. Nineteen respondents said their program did not have direct access to other spaces.

7.3 Modifications to Physical Setting

Thirty-two respondents said the physical setting had been modified, primarily to make the facilities accessible to wheelchairs (15), to make washrooms accessible (12) and/or to redecorate (12) [Table DP7.5]. Twenty respondents said the space had not been modified.

7.4 Clients' Use of the Program

The number of clients served by each program ranged between 8 and 404, with a median of 45 clients reported by the 50 respondents providing this information. A total of 2900 clients was served [Table DP7.6].

Data from 49 respondents show the number of cognitively impaired individuals served in each program ranged between 0 and 95, with a median of 12. A total of 874 cognitively impaired clients was reported [Table DP7.6].

The number of caregivers who were clients totalled 505, based on data from 49 respondents. The number of caregiver clients in each program ranged between 0 and 200, with a median of 0 and a mean of 11 [Table DP7.6].

The 47 respondents who provided information on 2145 clients' length of stay in the program indicated 43% stay 1 to 3 years. An equally large number stay 1 year or less: 19% stay 1 to 6 months and 23% stay 6 to 12 months [Table DP7.7]. Responses in the latter group could include those from programs operating for only a few months, since these responses were not excluded from the data.

Most clients use Day Programs more than 1 day each week. Responses from 49 respondents reporting on 2294 clients showed 44% used the program 1 day or less each week; 36% used it 2 days each week; and 21% used it 3 to 5 days [Table DP7.8].

Respondents were asked to indicate the number of clients receiving various services in the previous month. The services received by the largest numbers of clients were meals (2223 clients), recreational/social activities (2218 clients), exercise groups (1757 clients), transportation (1485 clients), health monitoring (810 clients) and activities for daily living programming (645 clients). Respondents in the Southwest Region reported more than one-half of the clients participating in most of the activities [Table DP7.9].

Exercise group was the activity used by the largest number of cognitively impaired clients (610 clients), followed by recreational/social activities (545 clients) and meals (521 clients). The number of cognitively impaired persons reported as participating in the various

activities is proportionate to their numbers in the total client group. That is, the number of cognitively impaired clients participating in various activities overall is 33% of the total number of clients reported, while cognitively impaired clients are 31% of the total client group, as discussed in Section 5.1.

Most respondents (41) provided information on the number of clients served each day of the week. The average ranged from 6.5 clients on Monday to 10.7 on Tuesday [Table DP7.10]. None of the respondents to this question reported serving clients on Saturday or Sunday, although on a subsequent question, one respondent indicated the program operated on these days. This respondent may not have answered the question concerning the number of clients served each day.

Most programs open between 7:30 a.m. and 9:30 a.m. weekdays, and close sometime between 1:30 p.m. and 3:30 p.m. Programs in the Southwest Region open later than most, between 10 a.m. and 11:30 a.m. On average, programs are open 7 hours daily [Table DP7.11 - Table DP7.13].

Six respondents said services were available on an emergency basis outside of the stated hours, and 42 respondents said services were not available.

7.5 Service Demand

Respondents were divided about the need to extend their hours of service. Eighteen of 44 respondents rated the need as great, but 20 others said there was little or no need [Table DP7.14].

Respondents were also divided about ability to meet current demand, and utilization of services. Thirty-three respondents said services were meeting current demand and 19 said they were not. Twenty-three believed their services were underutilized and 25 believed services were not underutilized.

Forty-five respondents, though, saw an increasing demand for their services; 4 respondents indicated demand is decreasing.

Twenty-one respondents said the demand for services is seasonal, and 28 said it is not. No further information on seasonal variations was provided.

7.6 Promotion

Respondents said they used a variety of means of promoting their program, although word of mouth was common to all and was rated as one of the most effective. One combination of approaches was written material, other agencies and newspaper articles; another combination was newspaper articles, radio and television, and speeches to local groups. Respondents said the most effective methods were word of mouth (30), other agencies (20), written material, promotional material, brochures (13) and speeches with local groups (11) [Tables DP7.15 - DP7.16].

7.7 Intake Procedures

Fifty programs assess clients' needs when they apply to the program. This assessment is carried out by the program director/administrator (24), a team (21), a social worker (14) and/or the client's physician (12). It is usually conducted in the Day Program (19), in the client's home or by telephone (12) or through all of these approaches (21) [Tables DP7.17 - DP7.18].

A standard assessment form is used in 45 programs. Typically, assessment includes a social assessment (47), a functional assessment (45), a medical/nursing assessment (42) and/or an individual needs assessment (39) [Table DP7.19].

Fifty respondents said their program has a formal intake procedure, conducted by the program director/administrator (29), the social worker or caseworker (18) and/or by team assessment (12) [Table DP7.20]. In many programs, intake is conducted by a combination of a social worker, the client's physician, and the program's physician or nurse.

Fifty-one respondents reported admission criteria. The most common admission criteria relate to the client's condition (suffering from Alzheimers disease or related disorder) and residence within the catchment area [Tables DP7.21].

In 51 programs there are criteria for refusing admission or terminating service. Respondents said persons may be excluded from the program if their needs surpass staff abilities (30) or they are a threat to others or themselves (19). Other criteria for excluding potential clients are over-agitation (9), incontinence (9), wandering (7), and need of a bed for resting (3) [Table DP7.22].

7.8 Written Program Policies and Procedures Manuals

Written policies and manuals are available in most programs and cover the following areas: position descriptions for staff (46), admission criteria (42), performance appraisals (39), hours of operation (37), emergency procedures (34) and procedures manuals (32) [Table DP7.23].

In general, programs had written policies, guidelines and/or manuals in a broad range of areas. One combination included written materials on assessment and reassessment procedures, care/service plan, discharge criteria, procedures manuals, and program planning for individuals. Programs that had personnel manuals often had position descriptions for staff and volunteers.

7.9 Service Selection and Client Reviews

When asked "Who is usually involved in deciding the services a client receives in your program?" respondents indicated one or more people were consulted. These included the family (44), the client (40), the program director/administrator (43), the client's physician (29) and/or a caregiver other than the client's usual family caregiver (27) [Table DP7.24].

Analysis of correlation coefficients showed three different groups consulted on service selection. One group comprised the client, the family, other caregiver and the client's physician. Another group included medical personnel: the client's physician, the program's physician, a nurse, the discharge planner, and a social worker. The third group comprised the placement coordinator, the discharge planner, and the home care coordinator.

All but one respondent said periodic reviews of clients are conducted, usually each month (13) or every 3 months (16). Most often the reviews are done by a team (25) or the program director (24) [Tables DP7.25 - DP7.26]. Many respondents (35) reported client follow-up after a client leaves the program; 17 respondents said there was no follow-up.

7.10 Medical and Legal Procedures

Twenty respondents said medications are administered as part of their program. In most cases, medications are administered by the program's physician or nurse (10); medications

are also administered by the program director (3), program manager (2) and the social worker (1).

In 33 programs, self-administered medications are monitored, often by the program's physician or nurse (11) or the program director (8). Nineteen programs do not monitor self-administered medication.

Staff carry out medical/nursing procedures in 26 programs. The most common of these are checking vital signs and providing basic care such as changing dressings (19) or administering medications (11) [Table DP7.27]. In 27 programs, staff do not carry out these procedures.

Forty respondents said staff have had no problems administering medication, monitoring medication or carrying out nursing/medical procedures. One respondent indicated a problem carrying out medical procedures in that the program had no nursing staff. Twelve respondents did not answer this question.

Many respondents (43) said their program has protection for legal liabilities. Thirty-nine described this protection, indicating it usually is in the form of an insurance policy (39) and/or a disclaimer signed by the client or caregiver (13) [Table DP7.28]. Three respondents said their programs had no such protection.

Part III - Community-Based Respite Programs in Ontario

PART III - COMMUNITY-BASED RESPITE PROGRAMS IN ONTARIO

At the beginning of the questionnaire, respondents were asked to classify their program as a Day Program, a Respite Program, or other type of program, using their own definitions. This section presents the responses of the 27 respondents who said their program was a Respite Program.

The numbers of responses from each region are too small to permit regional comparisons. There were 6 respondents in the Central Region, 10 in the North Region, 7 in the Southwest Region, and 4 in the Southeast Region.

Tables of Respite Program data in Appendix D are titled "RP" for Respite Program, and the first numeral refers to the number of the survey objective the table serves. Each table reporting Respite Program data is numbered the same as the table reporting the corresponding Day Program data. In a few instances, there are no Respite Program tables that correspond to Day Program tables because the subject of the Day Program table was not relevant to Respite Programs, or because there was insufficient data for the Respite Programs. There are therefore gaps in the numbering of the Respite Program tables discussed below.

Most respondents (25) said their program was provided in 1 location, and 21 said the program was part of a multi-service rather than a single service agency, in most cases (20) a charitable, not for profit agency [Tables RP1.1 - RP1.3].

1.0 CORE COMPONENTS OF COMMUNITY-BASED RESPITE PROGRAMS IN ONTARIO

Objective 1: To obtain information about the program components in specific MCSS - funded Respite Programs that would assist in developing MCSS policy on an appropriate core of program components for these programs in urban, rural and remote communities.

1.1 Activities Provided in Respite Programs

Twenty of the 27 respondents indicated their program provided in home relief to caregivers/homemaking. The data do not indicate what activities were offered by the other 7 Respite Programs that would be considered respite activities.

Since most programs (21) are offered through a multi-service agency, respondents reported a range of agency activities not necessarily needed to provide the Respite Program. In addition to in home relief for caregivers/homemaking, respondents said their program provided referral to other services (13), counselling/education for caregivers (11), meals (8), recreational/social activities (8), health monitoring (8), transportation (8) and counselling for clients (7) [Table RP1.4]. The combination reported most frequently was in home relief to caregivers/homemaking along with counselling for the client or caregiver plus referral to other services. In addition to this combination, about one-third of respondents also reported medical or nursing services, or some other form of support such as family support groups-self help.

1.2 Transportation Arrangements

Respondents said transportation was provided by volunteers (12), often in combination with the client's family (10). Three respondents said they were dissatisfied with their arrangements because it took too much time to schedule volunteers [Tables RP1.5 - RP1.6]. Respondents likely were reporting on transportation required to support other programs offered through the multi-service agency.

1.3 Services in Other Languages

Six respondents said services were provided in both French and English; 12 said services were provided in another language other than English or French. Polish, Italian, German, Finnish or Dutch were each reported by 3 respondents [Tables RP1.7 - RP1.8].

1.4 Assessment of Activities

1.4.1. Ideal Grouping of Activities

When asked which Respite Program activities best belonged together in a group or a package, the 18 respondents answering the question most frequently indicated in home relief to caregivers/homemaking (11), vacation care (10), and counselling/education for caregivers (10).

The combinations of activities respondents believed belonged together suggested two types of packages. One focuses on providing the elderly client with various forms of health services, such as health monitoring and nursing services; and the other comprises activities

designed to support the family, such as family support groups-self help, in home relief to caregivers/homemaking, counselling/education for caregivers, and referral to other services.

Respondents were asked what problems could be encountered in offering the proposed package of activities. The 14 respondents to this question said cost (7) and a lack of staff and volunteers (6) would pose problems [Table RP1.9].

1.4.2. Activities Respondents Would Like to Initiate

Eighteen respondents said they would like to initiate new activities, most frequently mentioning vacation care (11), followed by family support groups-self help (7) [Table RP1.10]. A lack of funds and staff were cited most frequently as the reasons for not initiating these and other activities. Overall, the reasons for not initiating new activities were insufficient staff (with reference to 30 activities), lack of funds (28 activities), lack of volunteers (5 activities) and no previous community need (4 activities). No other reasons were offered.

1.4.3. Activities That Were Discontinued

Only 1 respondent reported discontinuing an activity, counselling/education for caregivers. The activity was discontinued for lack of staff.

1.4.4. Ease of Delivery of Activities

Some respondents found in home relief to caregivers/homemaking the easiest service to deliver, while others found it the most difficult. When asked which activities have been the easiest to deliver effectively, 11 respondents said in home relief to caregivers/homemaking and 8 said referral to other services. Meals, recreational/social activities, and counselling/education for caregivers were each mentioned by 5 respondents. These activities were the easiest to deliver because facilities and resources were available and there were sufficient staff [Tables RP1.11 - RP1.12].

The activities respondents said were the most difficult to deliver were in home relief to caregivers/homemaking (6), transportation (5) and family support groups-self help (4), primarily because of volunteer and staff shortages [Tables RP1.13 - RP1.14].

1.5 Needs Identified by Respite Care Providers

Of the 19 respondents who indicated services were not available in both English and French, only 1 believed such services were needed. However, of the 15 respondents who said services were not available in a language other than French or English, 5 said services in another language were needed [Tables RP1.15 - RP1.16].

Recruiting and retaining staff and volunteers were the most common problems when programs started, with 11 respondents reporting difficulties in these areas. Eight also reported funding difficulties at start-up. Six respondents said no problems were encountered when their program started [Table RP1.17].

Most respondents identified the following resources as essential to delivering their program: the number of staff (23), training of staff and volunteers (23), contacts with other agencies (20), consultation with the Area Office of MCSS (16), office equipment (16), number of volunteers (12) and peer consultation (12) [Table RP1.18]. Asked to select the three most essential resources, respondents indicated the number of staff (17), training of staff and volunteers (17), contacts with other agencies (10), and consultation from the Area Office of MCSS (7). All other resources were thought to be among the three most essential by 3 or fewer respondents.

Sixteen respondents answered the question, "For which services would you find standards/guidelines most helpful?" Nine said guidelines for in home relief to caregivers/homemaking would be helpful, followed by recreational/social activities (3), family support groups-self help (3) and counselling/education for caregivers (3) [Table RP1.19].

2.0 COSTS OF COMMUNITY-BASED RESPITE PROGRAMS

Objective II: To identify and analyze the current program and administrative costs of Respite Programs in Ontario as a basis for determining the development of appropriate funding policies and guidelines.

2.1 Operating Costs and Capital Costs for Fiscal Year 1986/87

Twenty of the 27 respondents provided information on estimated or projected operating costs for the year ending March 31, 1988. A median of $66,580 per program was found

within a range of $2,000 to $360,700 per program. The total costs for all programs combined was $2,013,653.

Twenty-one respondents indicated the number of hours of service provided to clients. Total client hours were 110,587, in a range of 1092 to 8736 hours per program and a median of 4732 hours. The average cost per hour of service was $14.07.

Fifteen respondents provided information on the percentage of total costs (operating and capital) allocated to administration. Nine reported administrative costs were less than 30% of total program costs and 4 reported administrative costs of more than 50% of program costs [Table RP2.4].

2.2 Funding and Revenue Sources

Most respondents (23) provided information on sources of revenue. The most frequently mentioned sources were MCSS (23) and client fees (17), followed by donations and miscellaneous (9) and municipal contributions (5). Although not all respondents reported receiving MCSS funding, it is likely that all did receive it because the programs were identified from files on MCSS - funded programs [Table RP2.6].

Eight respondents said their program received free goods or services, such as program equipment (5), clerical services (4), and rent and cleaning (3) [Tables RP2.7 - RP2.8].

2.3 Fees

Twenty-four respondents said fees are charged for program services [Table RP2.9]. Not all respondents provided detailed information on fees, which may or may not indicate that no fee was charged. Respite Programs typically charged an hourly fee, not a daily fee. However, a few respondents described various daily fees. Four set minimum daily fees with a mean of $14.31; maximum fees set by 6 respondents had a mean of $17.44; and average payment per day reported by 5 had a mean of $10.06 [Table RP2.10A].

Minimum hourly fees reported by 9 respondents had a mean of $3.56, in a range of $1.00 to $6.50. Maximum hourly fees reported by 14 respondents had a mean of $5.26, in a range of $2 to $10. The average payment per hour reported by 14 respondents had a mean of $3.81, in a range of $2 to $8 [Table RP2.10B].

Twenty respondents provided information on the percentage of clients paying full fees. Fourteen respondents said 80 percent of their clients or more paid full fees [Table RP2.12]. Seventeen respondents provided information on the percentage of clients paying no fees because of an inability to pay. Four respondents said more than 10 percent of their clients paid no fees because of an inability to pay [Table RP2.13]. Thirteen respondents said exceptions to fee schedules were made, usually if clients could not afford to pay, and 8 said no exceptions were made.

3.0 STAFFING PATTERNS OF COMMUNITY - BASED RESPITE PROGRAMS

Objective III: To describe the staffing of the programs.

3.1 Staff and Volunteer Complement

3.1.1. Number of Staff and Volunteers

Many respondents (20) indicated the position of program coordinator was included in their staff complement. Other frequently mentioned positions were clerical staff (13), homemaker (10), director/administrator (9), driver (5), supervisor (4), Registered Nurses Aide or Home Care Aide (4), and respite worker (4) [Table RP3.1].

3.1.2. Qualifications

Special qualifications or experience were required for the position of program coordinator (10), clerical staff (5), director/administrator (3), and supervisor (3), according to information from 16 respondents [Table RP3.2].

3.1.3. Staff and Volunteers for the Cognitively Impaired

Nine respondents said their program has specially-designated staff or volunteers who work only with the cognitively impaired. Respondents in the North Region reported a total of 25 specially-designated staff and 40 specially-designated volunteers. Respondents in the Central Region said their programs had specially-designated staff and volunteers, but no numbers were provided. Seventeen respondents said their programs have no specially-designated staff or volunteers.

3.2 Staffing Conditions

Most respondents (23) said work performance of staff is formally evaluated and 7 indicated written appraisal policies are available. Four programs do not formally evaluate staff.

Fifteen respondents reported problems recruiting competent staff, primarily because of wages (15), benefits (8), lack of qualified candidates (8), pension plan (4), and working conditions (4) [Table RP3.3]. Twelve respondents said they had no problems recruiting staff.

Nine respondents said they had problems recruiting competent volunteers, and 11 said they had no problems. The major problems reported by respondents with recruiting problems were lack of available candidates (7), job image (4) and lack of qualified candidates (3) [Table RP3.4].

Fourteen respondents said they had problems retaining competent staff, primarily because of wages (13), benefits (7), burnout and stress (7), and benefits (7) [Table RP3.5]. Thirteen respondents said they had no problems retaining competent staff.

Seven respondents said they had problems retaining competent volunteers, and 11 said they had no problems. The major problems retaining volunteers were lack of recognition (3), burnout and stress (3), job image (2), and lack of long-term commitment (2) [Table RP3.6].

Most programs provide orientation for staff and volunteers. Most programs (25) provide orientation for staff, and 2 do not. Fourteen provide orientation for volunteers, and 4 do not.

In-service training was provided to staff only (13), or staff and volunteers (9). Three programs provide no in-service training. Information on cognitive impairment was included in 12 of 13 training programs geared to staff only, and in 5 of 9 programs for staff and volunteers [Tables RP3.8 - RP3.9]. Other aspects of training programs generally included information on Alzheimers disease and other dementias (7), personal care techniques (6), and visits to other facilities (6) [Table RP3.10]. Thirteen of 20 respondents who answered a question on satisfaction with training said they were satisfied, and 7 were

dissatisfied. Suggestions for improvements were an increase in volunteer training (2), more intensive training (2), and access to more material (2) [Table RP3.11].

Most respondents (22) said written job descriptions were available for staff, and 7 reported descriptions for volunteers.

4.0 COMMUNITY INVOLVEMENT OF COMMUNITY-BASED RESPITE PROGRAMS

Objective IV: To obtain information about how Respite Programs have identified local community needs and involved local associations, family members, and/or caregivers in program planning, development and delivery.

4.1 Identification of Community Needs

Need for the program was determined by one or more methods: requests by public/family members (19), needs assessment/organizational planning (16), and/or expert opinion/professional groups (7) [Table RP4.1]. Expert opinion/professional groups, and requests by public/family members were used together in some cases. Five respondents indicated their program was operating before a formal needs study was conducted and 19 said their program was not operating before a formal study was made.

4.2 Referrals and Program Planning

Referral networks are one indicator of community involvement. Respondents indicated referrals come primarily from family members (24), public health nurses (20), local hospitals (19), and the local Home Care program (19), although other groups such as the Alzheimer Society also make referrals [Table RP4.2].

The groups involved in the initial planning and development of the Respite Programs included the Area Office of MCSS (24), public health nurses (12), family members (11), the District Health Council (10), seniors councils (10), and the Alzheimer Society (9). Other groups were also involved [Table RP4.3].

In most cases, the groups most active in the initial planning continued to play a role in on-going planning, development and delivery of services. The groups most frequently mentioned as participants in on-going planning included the Area Office of MCSS (20),

the Alzheimer Society (14), public health nurses (12), and family members (12) [Table RP4.4].

The 20 respondents providing information on Respite Program representation on boards, advisory committees or policy-making groups of other agencies most frequently mentioned the Alzheimer Society (10) and seniors organizations (8), although more than 12 other community groups were mentioned by 1 or more respondents [Table RP4.5].

The number and nature of the associations between Respite Program staff and other programs indicate Respite Programs are extensively and appropriately involved in the community.

4.3 Assessment of Services

Respondents said the effectiveness of the program was assessed by the program's own appraisal and assessment (26), feedback from clients (25), and/or feedback from referral sources (18). Seven respondents said the program had an on-going monitoring committee [Table RP4.6]. Most frequently, respondents reported using their own appraisal alone or in combination with feedback from clients and referral sources. Some used a combination of on-going monitoring committee and review of care plans.

5.0 CHARACTERISTICS OF CLIENTS OF COMMUNITY-BASED RESPITE PROGRAMS

Objective V: To identify the characteristics of the persons being served in the Respite Programs.

5.1 Demographic Characteristics

Figures provided by respondents on the number and characteristics of their clients did not tally in many cases.

Twenty-one respondents reported serving a total of 2449 clients in the year ending March 31, 1988. Between 18 and 20 respondents answered subsequent questions on the clients they served, indicating 1487 were frail elderly but not cognitively impaired, 336 were cognitively impaired, and 428 were caregivers. Half of the caregivers were caring for persons with cognitive impairments [Table RP5.1]. Calculated as a percentage of the total

clients served by the respondents answering each section of the question, 74% of clients were frail elderly but not cognitively impaired, 16% were cognitively impaired and 21% were caregivers.

Fifteen respondents said information about the caregiver is collected. Seven said information on stress factors, health and needs assessment is collected. Other information collected includes health background (4), family, social history and interests (2), living arrangements (2), and burden index/interview (2). Nine respondents said they collect no information about the caregiver [Table RP5.2].

The balance of this discussion excludes caregivers, and addresses only elderly and cognitively impaired clients. Excluding the caregivers, 18% of the clients were cognitively impaired. This figure varies by region, as shown below:

Central Region: 134 elderly clients, including 97 (72%) cognitively impaired.

North Region: 1153 elderly clients, including 111 (9.6%) cognitively impaired.

Southwest Region: 409 elderly, including 58 (14%) cognitively impaired.

Southeast Region: 127 elderly, including 70 (55%) cognitively impaired.

Data from 21 respondents, reporting on a total of 2469 clients, indicated 8% of clients are under age 65, 34% are aged 65 to 74, 35% are 75 to 84, and 23% are 85 or older [Table RP5.3A].

About 55% of clients are female. In terms of living arrangements, 38% live alone, 38% live with a spouse only and 19% live with children and a spouse [Tables RP5.3B - RP5.3C].

5.2 Clients' Disabilities

5.2.1. Cognitive Impairment

Seventeen respondents indicated their program served clients with cognitive impairments, with a combined total of 336 clients. Two respondents indicated their program served no cognitively-impaired clients. The percentage of cognitively impaired persons varies by age

group, with the largest percentages (15%) among persons aged 75 to 84 years and 85 years and older (14.6%) [Table RP5.4A]. On a regional basis, a greater proportion of cognitively impaired persons is found in each age group in the Central and Southeast Regions than in the North and Southwest Regions.

The proportions of female and male clients who are cognitively impaired are similar: 17% of females compared to 14% of males [Table RP5.4B]. In the Central and Southeast Regions, about two-thirds of male and female clients are cognitively impaired.

Cognitively impaired clients comprise 30% of all clients living with a spouse only, and 29% of all clients living with children only [Table RP5.4C]. Uniformly throughout the regions, spouses and children are the primary caregivers for cognitively impaired clients.

5.2.2. Other Limitations

Fifteen respondents provided information on cognitive and physical disabilities, reporting on a total of 1047 clients. The data indicate 77% are not cognitively impaired, 15% are cognitively impaired only, and 8% are both physically and cognitively impaired.

The Central and Southeast Regions report greater proportions of cognitively impaired persons. In the Central Region, 38% are cognitively impaired and 34% are cognitively and physically impaired, and in the Southeast the figures are 67% and 15% respectively.

Mobility impairment was the physical or behaviourial problem most frequently mentioned by the 10 respondents providing information in this area, and comprised 44% of the reported cases of clients having physical or behavioural problems. Sensory impairment was the next most frequently mentioned, at 12% of all reported cases. Other behaviours such as agitation, incontinence and irrational outbursts each were mentioned as fewer than 10% of all cases [Table RP5.5]. There were no regional variations.

5.3 Other Services Used by Clients

Ten respondents provided estimates of the numbers of clients who used various other services during the 12-month period ending March 31, 1988. The most frequently used services were Home Care (193 clients), homemaker service (148 clients) and Integrated Homemaker Program (138 clients); nine other services were also used, but by fewer clients. Expressed as a percentage of the total number of reports of clients using other

services, Home Care accounted for 28% of reported usage of other services; homemaker service, 22%; and Integrated Homemaker Program, 20% [Table RP5.6].

6.0 NEEDS MET BY COMMUNITY-BASED RESPITE PROGRAMS

Objective VI: To obtain preliminary information on the extent to which Respite Programs have developed the program components needed in their community.

In rating the current needs of their communities, the 24 respondents answering the question most frequently indicated a need for improvements in vacation relief (15) and coordination of services (14). Nine respondents also indicated a need for improvements in each of the following areas: the provision of emergency/crisis care, increased day care, and night care services in the home. Least needed in their communities were improvements in homemaker services, with 15 respondents indicating little or no need for improvements to these services [Table RP6.1].

When asked to rate the need for various Respite Program improvements, respondents rated as most needed: increased staff (9), training for staff (6) and increased volunteers (6). They indicated least need for an improved physical environment (11), an increase in the hours of operation (9) or equipment (9) [Table RP6.2]. (Most items were rated by 15 or fewer respondents.)

When asked which activities have best met community needs, 13 respondents indicated in home relief to caregivers/homemaking, followed by counselling/education for caregivers (8), transportation (8), and referral to other services (6) [Table RP6.3].

Fifteen respondents said some activities are geared to the special needs of cognitively impaired clients or their caregivers. The most common were in home relief to caregivers/homemaking (10) and counselling/education for caregivers (8). Eight respondents said no program activities are geared to the special needs of these clients [Table RP6.4].

The data are insufficient to indicate whether community need played a role in decisions to discontinue program activities. Only one respondent said an activity had been discontinued, and no reason was provided. The data also do not indicate whether community need influenced decisions to initiate new activities. Respondents who wanted to initiate new activities were asked why they had not done so previously, choosing from

a list of possible reasons. Four of 18 respondents who wanted to initiate new activities indicated the reason "No previous community need".

7.0 SERVICE UTILIZATION AND PROGRAM OPERATIONS

Objective VII: To obtain descriptive information on service utilization and program operations.

7.1 Length of Time in Operation

Data from 19 respondents indicates 12 programs have been operating for 2 years or less, and 2 have been operating for more than 5 years [Table RP7.1].

7.2 Clients' Use of the Programs

The number of clients served by each program ranged between 4 and 693, with a median of 36 clients reported by the 21 respondents providing this information. A total of 2449 clients were served in the 12 month period April 1, 1987 - March 31, 1988 [Table RP7.6].

The number of frail, elderly clients served in each program ranged between 0 and 665, with a median of 6.5 reported by the 18 respondents providing this information. A total of 1487 frail elderly was reported [Table RP7.6].

Data from 18 respondents indicate the number of cognitively impaired persons served in each program ranged between 0 and 38, with a median of 19. A total of 336 cognitively impaired clients was reported [Table RP7.6].

The number of caregivers who are clients totalled 428, based on data from 19 respondents. The number of caregiver clients in each program ranged between 0 and 114, with a median of 0 and a mean of 22.5 [Table RP7.6].

The number of caregiver clients caring for persons with cognitive impairments was 273, based on data from 20 respondents. The number of these clients in each program ranged between 0 and 75, with a median of 0 and a mean of 13.7 [Table RP7.6].

Fifteen respondents providing information on 1291 clients indicated the average length of service utilization was less than 1 year. On average, 13% of clients were in the program

less than 1 month; 40%, 1 to 6 months; and 41%, 6 to 12 months [Table RP7.7]. Six respondents provided information about the number of hours of respite services used by their 373 clients, indicating 9.9% used 1 to 3 hours each week, 37% used 4 to 7 hours, and 32% used 8 to 15 hours. These data may be unreliable because of non-response [Table RP7.8].

Respondents were asked to indicate the number of clients using various Respite Program services the previous month. The services used by the most clients were in home relief to caregivers/homemaking (975 clients) and transportation (795 clients). Fewer clients had meals (244 clients), recreational/social activities (238 clients), health monitoring (181 clients) or counselling and education for caregivers (181 clients). The data do not allow us to describe the numbers of clients using these services who are cognitively impaired [Table RP7.9].

Data from 7 respondents indicate that on average, 46 to 47 clients use each Respite Program each weekday. Fewer clients are served on weekends -- an average of 27 on Saturdays and Sundays [Table RP7.10].

Respite Programs generally begin operation between 7 a.m. and 9:30 a.m., and close between 4:30 p.m. and 6:00 p.m., 7 days per week. Eight programs offer services 24 hours each day, every day. On average, services are offered 15 hours each weekday and 18 hours each day of the weekend [Tables RP7.11 - RP7.13]. Ten respondents also indicated services are available outside the stated hours on an emergency basis, and 9 said services are not available.

7.3 Service Demands

Seventeen respondents rated the need to extend hours of service in their program. Nine indicated little or no need, but 4 rated the need as great [Table RP7.14].

Seventeen respondents also indicated their services meet current demands; 8 said their services do not meet current demand. Eight respondents said their services are underutilized and 17 said services are not underutilized. However, 24 respondents said the demand for service is increasing, and none said it is decreasing.

Nine respondents said the demand on Respite Programs is seasonal and 13 said demand is not seasonal.

7.4 Promotion

Most Respite Programs are promoted in their community by word of mouth (25), written material, promotional material and brochures (23) and/or by other agencies (23). Thirteen respondents cited word of mouth as the most effective method [Tables RP7.15 - RP7.16].

7.5 Intake Procedures

Most respondents (26) said client need is assessed upon application to the program. In most cases, the assessment is done by the program director/administrator (15), but can be done by the placement coordinator (7) and/or the social worker (7). Assessments usually are in the client's home or by telephone (22). Standard assessment forms are used in 20 programs; 6 programs do not use them. Assessments include individual needs assessment (24), functional assessment (17), social assessment (14) and medical assessment (11) [Tables RP7.17 - RP7.19].

There is a formal intake procedure in 23 programs; 21 respondents said the procedure is conducted by the program director/administrator (14), the placement coordinator (10) and/or the social worker/caseworker (7) [Table RP7.20]. Four respondents said their program has no formal intake procedure.

Twenty-six programs provided information on admission criteria. The criteria for admission include references to the patient's condition as well as the caregiver being in need of relief [Tables RP7.21]. Four programs have written discharge criteria and 19 do not.

Sixteen programs have criteria for terminating services or refusing admission. Ten indicated the following criteria: threat to self or others (3), the client's needs surpass staff abilities (3), unsafe surroundings (3), inability to pay (2) and overly agitated (1) [Table RP7.22]. Eleven programs have no criteria for terminating services or refusing admission.

7.6 Written Program Policies and Procedures Manuals

Written policies and manuals are available in 23 programs. These materials include position descriptions for the staff (22), admission criteria (19), performance appraisals (16), staff orientation/training (16), conditions of employment (16) and assessment and re-assessment procedures (15) [Table RP7.23]. The only combination of written materials that

appeared in the data included personnel manuals, performance appraisal and conditions of employment.

7.7 Service Selection and Client Reviews

The services a client receives usually are decided by the family (21), client (16) and/or program director/administrator (16) [Table RP7.24]. Analysis of correlation coefficients shows the home care coordinator and the nurse may work with the discharge planner or the client's physician. The program director consults the family or social worker.

Periodic reviews of clients are made in 24 programs and 2 programs do no periodic reviews. Twenty programs indicated the frequency of reviews. One program does weekly reviews, 7 do monthly reviews, 4 do reviews every 2 months, 4 do reviews every 4 months, 3 do reviews every 6 months, and 1 does reviews once a year [Table RP7.25]. The reviews usually are carried out by the program director/administrator (13) [Table RP7.26]. In addition, 14 programs have client follow-up and 11 have no client follow-up.

7.8 Medical and Legal Procedures

Seven respondents said medication is administered in their program, and 20 said it is not administered. In 4 programs, medication is administered by a respite care worker. One program has had problems administering medication, but no reasons were given for the difficulties. In 12 programs, self-administered medication is monitored, usually by a respite worker (9). Eleven programs do not monitor self-administered medication.

Ten programs have staff who carry out medical/nursing procedures, such as grooming/footcare/bathing (4) as well as dealing with incontinence (2) [Table RP7.27]. Seventeen programs have no staff who carry out medical/nursing procedures.

There are 21 Respite Programs with legal protection, in the form of insurance policies (20), disclaimer signed by the client/caregiver (8) and/or the availability of a lawyer (6) [Table RP7.28]. Three programs have no legal protection, and 3 did not respond to questions on legal protection.

APPENDIX A

Terms of Reference

V. SPECIFIC QUESTIONS TO BE ADDRESSED: THE SURVEY RE; COMMUNITY-BASED PROGRAMS

Re Objective i: <u>To obtain information about the program components in specific MCSS-funded DPs and RPs that would assist in developing MCSS policy on an appropriate core of program components for these programs in urban, rural and remote communities</u>

1. What is the range of models/program components currently offered through specific MCSS-funded DPs and RPs?

2. Which program components have best/least met community needs in the service provider's view? Are there apparent advantages or disadvantages of providing particular program components or clusters of program components? If so, which program components, what are the advantages or disadvantages, and why?

3. Why have some program components been tried and not others? Is their development dependent on funding availability, sponsorship of the program, needs assessment, size/demographic features of catchment area, other programs serving these clients?

4. Have some program components been tried in the past but discontinued? If so, why?

5. What new program components would the DPs and RPs providers like to try in the future, and why?

6. Which program components have tended to be the hardest/easiest to deliver effectively and why? Are there significant exceptions? If so, under what circumstances?

7. What resources (current or additional) are typically needed by DPs and RPs in order to effectively deliver their programs?

8. For which, if any, program components do providers see the development of standards/guidelines as potentially helpful? On what specific topics would they find standards/guidelines helpful?

Re Objective ii: <u>To identify and analyze the current program and administrative costs of DPs and RPs in Ontario as a basis for determining the development of appropriate funding policies and guidelines.</u>

1. What are the annual operating costs (average and range) of the DPs and RPs, and by various program components? How do these costs relate to the service delivered (e.g. numbers served, program objectives, staffing patterns/qualifications, catchment area)? What is the proportion of operating costs allocated to administrative expenses?

2. What are the per diem user fees?

3. What were the average start-up costs associated with each program?

4. Has the program applied for or received capital funding from MCSS? If so, how much was received and how has it been spent?

5. What are the sources of revenue for the programs? Are program sponsors offering services in kind, such as free rent, maintenance, office equipment, or clerical support?

6. What equipment (type, cost) tends to be required for each program component? Which of these pieces of equipment is usually on hand?

7. Are there key factors (e.g. staff qualifications, geographic location, funding criteria) that consistently play a major role in determining costs?

8. What is the range of salaries for each job description?

Re Objective iii: <u>To describe the staffing of the programs.</u>

1. How are DPs and RPs typically staffed (e.g. staff qualifications, use of volunteers)? How do staffing arrangements relate to the specific program components offered?

2. Are there any monitoring mechanisms in place for staffing (e.g. performance appraisals)? If so, what are they?

3. What are the outstanding issues in staffing the programs?

4. Are job descriptions available for staff and volunteer positions? What job training or education is provided to staff and volunteers?

Re Objective iv: <u>To obtain information about how DPs and RPs have identified local community needs and involved local associations, family members, and/or caregivers in program planning, development and delivery.</u>

1. How have community needs for DPs or RPs been determined? Has a needs assessment tended to precede or follow the decision to establish DPs or RPs?

2. What kinds of relationships/linkages have DPs and RPs made with other related support services for elderly persons in their local community/catchment areas (e.g. homemaker services, friendly visiting)? How have other services for elderly persons been involved in program planning, development and delivery by DPs and RPs? To what extent have DPs and RPs taken on or become involved in the co-ordination of services for elderly persons?

3, Have family members been involved in program planning, development and delivery? How and to what extent?

4. What mechanisms are in place to enable DPs and RPs to monitor their achievements? What other means do they use to determine whether they are meeting their objectives?

5. To what extent have DPs and RPs done ongoing needs assessments?

6. What is the role of the local Alzheimer Society vis à vis programs? What do the program providers think the role should be?

Re Objective v: <u>To identify the characteristics of the persons being served in the DPs and RPs.</u>

1. What are the demographic characteristics of the clients utilizing the programs (age, sex, marital status, living arrangement, receipt of G.I.S.)?

2. What are the limitations/disabilities of the clients being served (e.g. cognitive impairment, incontinence, visual/hearing impairment, difficulty with ambulation)?

3. To what extent do clients utilize other home support or community-based services (home support, homemaking, home care)?

4. Have clients utilized Respite/Vacation Care in an institutional setting within the past year? If so, for what period of time?

Re Objective vi: <u>To obtain preliminary information on the extent to which DPs and RPs have developed the program components needed in their community.</u>

1. To what extent do the program components respond to the needs and program objectives originally identified by the DPs and RPs?

2. Have decisions to drop particular program components or to initiate new ones been made on the basis of identified changes in community needs or as a result of other factors? If so, what are these factors?

3. What target populations are served by DPs and RPs? Within what sort of geographic boundaries? What combinations of target populations seem to work well?

Re Objective vii: <u>To obtain descriptive information on service utilization and program operations.</u>

1. How long have the programs been operating?

2. In what setting is the program provided (in a hospital, home for the aged, church, elderly person's home)?

3. In what ways have the service providers designed the environment to accommodate the clients' requirements?

4. How many clients are being served on an average day and month in the programs (by program component)?

5. What are the hours/days of operation for the programs?

6. Are services available on an emergency basis?

7. Is there a current need to extend hours/days of service?

8. What are the main sources of referral to the programs?

9. How are the programs promoted in the community?

10. What is the assessment procedure for prospective clients? Does it consist of a social work assessment and/or a medical assessment? Where is the assessment done, and by whom?

11. What is the intake procedure, and whose responsibility is it?

12. What are the admission criteria for the program? Are they stated in writing? What are the discharge criteria for the program? Are they stated in writing?

13. Do the programs' admission criteria exclude persons with specific types of impairments? If so, what type of impairments? What are the excluding factors?

14. What are the utilization patterns of the programs? Are there waiting lists or difficulties attracting clients?

15. Do the programs have program/procedures manuals for staff use?

16. What is the average length of time clients are served by the programs?

17. Is the demand for service in the programs increasing, levelling off or declining?

18. Are there goals set for the individual clients? Is there an ongoing monitoring mechanism for clients? Are periodic reassessments conducted? If so, what do they consist of? Who does them? How often?

19. Does the utilization of the programs differ by season? If so, how?

20. Are there procedures in place to take care of medical and non-medical emergencies?

21. Is the program delivered by a single service or multiservice agency?

22. What measures have RPs and DPs taken to protect themselves and their legal liabilities in the various program components offered (e.g. by disclaimers, by increasing amount of insurance coverage)?

23. Do the programs administer medication?

24. Are there medical procedures that the programs have found it necessary to carry out?

APPENDIX B

Survey Questionnaire

Survey of Programs for the Frail Elderly, Persons with Cognitive Impairments and for their Caregivers

This questionnaire has sections re: services and activities, procedures, staffing, clients, community involvement, and costs and operations. Each section is designed to minimize the amount of time required of you. We have not asked for lengthy replies; in most instances, you are asked to circle one or more numbers corresponding to your response.

This questionnaire relates to either your day program or to your respite program. If you provide both programs, you will receive two copies of this questionnaire; one for each of the programs.

If you are uncertain about any questions, please feel free to call the following person collect:

Shelly Jamieson (416) 368-1711

Please complete the following information before returning this questionnaire in the prepaid envelope to:

The DPA Group
85 Richmond St. W.,
Ste. 700
Toronto, Ontario
M5H 1H9

Please fill in the questions rather than attaching program documentation.

1. Name of this Program: _____

_____

2. Please circle type of program:

   1 Day program
   2 Respite program
   3 Other (please describe)

3. Name of agency if different from Program: _____

4. Street address: _____

5. Municipality: _____

6. Postal code: _____

7. Phone: _____

8. How many locations is this Program delivered from? _____

9. Name of person completing this questionnaire: _____

_____

10 Position: _____

11. Phone: _____

A. Activities

These questions deal specifically with those activities that have been implemented in this Program. We are interested in your experiences, reactions, and recommendations.

1. Would you briefly describe the goals/objectives of this Program.

_____

_____

_____

_____

_____

_____

_____

2. What type of agency/organization provides this Program? (circle response number)

1 Single-service agency
2 Multi-service agency

3. What type of sponsorship does this Program have? (circle response number)

1 Municipality
2 Charitable, not for profit
3 Indian band
4 For profit agency

4. **The following is a list of activities sometimes provided to the frail elderly, persons with cognitive impairments, or to their caregivers. Please review this list, and circle the numbers corresponding to the activities provided at the present time by this Program: (circle as many numbers as apply)**

Activity		No. Clients Past Month	Percent of Cognitive Imp. Clients
1	Nursing services		
2	Meals		
3	Recreational/social activities		
4	Nutrition/health counselling		
5	Counselling to client		
6	Health monitoring		
7	Vacation care		
8	Activities for daily living programming		
9	Physiotherapy		
10	Exercise groups		
11	Transportation		
12	In home relief to caregivers/homemaking		
13	Referral to other services		
14	Family support groups - self help		
15	Counselling/education for caregivers		
16	Other (please describe)		

_____

5. **For each activity circled, please indicate in the first column in Question 4 above the number of clients or caregivers using that service during the past month.**

6. **In the second column in Question 4 above, please indicate the percentage of persons using the activity in the past month who had cognitive impairment (confused).**

7. **Are any of the activities you circled in Question 4 above specifically geared to the special needs of clients with cognitive impairments or their caregivers? (circle response number)**

1 Yes 2 No

If Yes:

7.1 Please indicate which ones they are by listing the numbers identifying them in Question 4 above:

_____

_____

_____

8. Review those activities which your program provides (circled above in Question 4), then in the spaces provided below, please complete the questions by listing the number that identifies the service:

8.1 Which have best met your community's needs?

Service Numbers: _____ _____ _____

8.2 Which have been easiest to deliver effectively?

Service Numbers: _____ _____ _____

Please explain why: _____

8.3 Which have been most difficult to deliver effectively?

Service Numbers: _____ _____ _____

Please explain why: _____

8.4 For which services would you find standards/guidelines most helpful?

Service Numbers: _____ _____ _____

Please explain why: _____

_____

_____

These next few questions ask your opinion about activities that you do not currently have in operation.

9. Have any of your activities been <u>discontinued</u>? (Circle response number)

1 Yes 2 No

If Yes:

9.1 Please refer to the services you circled in Question 4 and list the service numbers, and check the reason(s) for discontinuing each service.

List Service Numbers

Reasons				
1 Lack of funds				
2 Insufficient staff				
3 Lack of sponsor				
4 Changes in need				
5 Lack of clients				
6 Lack of volunteers				
7 Other(please explain)				

10. Are there any particular activities that you have not tried but would like to?

1 Yes 2 No

If Yes:

10.1 Please refer to the activities you did not circle in Question 4 and list which ones you would like to start in your community and indicate the reason(s) for it.

List Activity Numbers (from Question 4)	**Indicate Reasons For Starting**
_____	_____
_____	_____
_____	_____

10.2 For what reasons have you not tried these activities before? Please list the service numbers and check the reason(s) that apply for each one.

Reasons

		List Service Numbers			
		____	____	____	____
1	Lack of funds				
2	Insufficient staff				
3	Lack of sponsor				
4	No previous community need				
5	Lack of volunteers				
6	Other(please explain) _____				

11. From your experience, what groups of activities belong together in a package or program?

List Services by number or name: _____
_____
_____
_____

11.1 Please briefly explain why: _____
_____

11.2 What problems do you think there are in carrying out such a program?
_____
_____

12. From your experience, what groups of activities do not belong together in a package or program?

List services by number or name (from Question 4).

_____
_____
_____
_____

13. How is transportation for your clients arranged?

1 Volunteers
2 Client's family
3 Client's friends
4 Service clubs
5 Agency's own van or bus
6 Municipally operated transportation
7 Referral to other service provider
8 Other (please indicate) _____

13.1 Have you found these arrangements to be satisfactory or not? (circle response number)

1 Yes 2 No

13.2 Please explain: _____

_____

14. For this Program as a whole, please complete the following series of questions by placing a check in the appropriate column.

	Yes	No
14.1 Are you able to meet current demand for service		
14.2 Are your services underutilized		
14.3 Do you have an increasing demand		
14.4 Do you have a decreasing demand		
14.5 Do you find that demand is seasonal		

15. Please feel free to use the reverse side of this page to indicate any further thoughts you might have of the most important services or activities for the cognitively impaired and their caregivers in your community, the advantages to the community if they were implemented, and any problems you might foresee.

B. Procedures

The next several questions concern procedures that may or may not be carried out in your program.

1. Please describe briefly the admission criteria for this Program.

_____

_____

_____

_____

2. Are there any criteria for refusing admission or for terminating service? (circle response number)

1 Yes 2 No

If Yes:

2.1 Please describe them:

_____

_____

_____

3. Is there a formal intake procedure for this Program? (circle response number)

1 Yes 2 No

If Yes:

3.1 Who usually carries this out? (circle appropriate response numbers)

1 Placement coordinator
2 Program director/administrator
3 Social worker/caseworker
4 Client's physician
5 Program's physician
6 Discharge planner
7 Other (please describe): _____

4. **Please indicate whether or not assessments of a client's need are made upon application to this Program? (circle response number)**

1 Yes 2 No

If Yes:

4.1 Who makes them? (circle response numbers)

1 Placement coordinator
2 Program director/administrator
3 Social worker
4 Client's physician
5 Program physician
6 Discharge planner
7 Team assessment (please specify composition) _____
8 Other (please specify):

_____

4.2 Where are these assessments made? (circle response numbers)

1 In the day program
2 In the client's home
3 Both of the above
4 Other (please specify): _____

4.3 Is there a standard assessment form? (circle response number)

1 Yes 2 No

5. **Which of the following assessments are required for prospective clients? (circle response numbers)**

1 Functional assessment
2 Social assessment
3 Individual needs assessment
4 Medical Assessment

6. **Who is usually involved in deciding the services a client receives in your Program? (circle response numbers)**

1 Client
2 Family
3 Other caregiver
4 Placement coordinator
5 Program director/administrator
6 Social worker
7 Client's physician
8 Program's physician
9 Discharge planner
10 Nurse
11 Home care coordinator
12 Team assessment (please specify composition) _____
13 Other (please describe):

_____

7. Are periodic reviews of clients made? (circle response number)

1 Yes 2 No

If Yes:

7.1 How often are they made (circle response number):

1 Monthly
2 Every 2 months
3 Every 3 months
4 Every 6 months
5 Once a year
6 Other (please specify): _____

7.2 Who does periodic reviews of clients? (circle response numbers)

1 Placement coordinator
2 Program director/administrator
3 Social worker
4 Client's physician
5 Program's physician
6 Discharge planner
7 Team assessment (please specify composition) _____
8 Other (please describe):

_____

8. Is there any client follow-up after client leaves the Program? (circle response number)

1 Yes 2 No

9. Are medications administered as part of your Program? (circle response number)

1 Yes 2 No

If Yes:

9.1 Who administers it? (position title): _____

10. Are client self-administered medications monitored? (circle response number)

1 Yes 2 No

If Yes:

10.1 Who monitors it? (position, title): _____

11. Do staff of this Program carry out nursing/medical procedures? (circle response number)

1 Yes 2 No

If Yes:

11.1 Which are the most common medical/nursing procedures?

_____

_____

12. If staff of this Program administer medication, monitor medication, or carry out nursing/ medical procedures, have any problems been experienced? (circle response number)

1 Yes 2 No

If Yes:

12.1 Please describe the problems in the space below.

_____

_____

13. Does this Program provide services in both official languages? (circle response number)

1 Yes 2 No

If No:

13.1 Is there a need for such services?

1 Yes 2 No

13.2 Do you have French speaking staff?

1 Yes 2 No

_____

_____

_____

_____

14. Does this Program offer services in any other language? (circle response number)

1 Yes 2 No

If Yes:

14.1 Please circle what they are. (circle response numbers)

1 Italian
2 Chinese
3 Spanish
4 Finnish
5 Yiddish
6 Cree/Ojibway
7 Sign language
8 Other (please specify): _____

If No:

14.2 Is there a need for such services?

1 Yes 2 No

14.3 Do you have staff speaking those languages?

1 Yes 2 No

15. Please use the reverse side of this sheet if you would like to make additional comments concerning the procedures in use in your Program.

C. Staffing

The following questions are about staff and volunteer arrangements for this Program.

1. How many of the following positions or comparable positions does this Program have? For each position, please indicate the number of persons (paid and volunteer) and if any special qualifications or experience are required.

Position	# Full Time	Special Qualifications Or Experience Equivalents (FTE)
Director/Administrator		
Program Coordinator		
Supervisor		
Intake Worker		
Registered Nurse		
Social Worker		
Physiotherapist		
Occupational Therapist		
Family Support Worker		
Activity Director		
Food Service Worker		
Clerical Staff		
RNA/HCA		
Homemaker		
Driver		
Activity Worker		
Student		
Other (please describe)		

_____

2. Are there specially designated staff or volunteers who work only with the cognitively impaired? (circle response number)

1 Yes 2 No

If Yes:

2.1 How many staff ____ volunteers ____

3. What is your FTE for paid service staff: ____

4. What is your FTE for paid clerical staff: ____

5. What is your FTE for direct service volunteers: ____

6. Is the work performance of the staff formally evaluated? (circle response number)

1 Yes 2 No

7. Is there an orientation program for staff?

1 Yes 2 No

8. Is there an orientation program for volunteers?

1 Yes 2 No

9. Is in-service training provided for staff or volunteers? (circle response numbers)

1 Yes, staff
2 Yes, volunteers
3 Yes, both
4 No, neither

If Yes:

9.1 Is training provided to staff and volunteers regarding cognitive impairment?

1 Yes, staff

2 No, volunteers

3 Yes, both

4 No, neither

9.2 Please describe briefly the content of the training.

_____

_____

9.3 Are you satisfied with the training given?

1 Yes 2 No

If not satisfied:

9.4 How would you like to improve the training?

_____

_____

10. Are there problems recruiting competent staff? (circle response number)

1 Yes 2 No

If Yes:

10.1 Please circle below those things you feel are the major problems, (circle response numbers)

1 Wages
2 Pension plan
3 Job image
4 Benefits
5 Working conditions
6 Lack of qualified candidates
7 Lack of training
8 Other (please specify): _____

11. Are there problems recruiting competent volunteers? (circle response number)

1 Yes 2 No

If Yes:

11.1 Please circle below those things you feel are the major problems. (circle response numbers)

1 Lack of available candidates
2 Lack of qualified candidates
3 Lack of recognition
4 Job image
5 Inadequate training
6 Working conditions
7 Other (please specify): _____

12. Are there problems retaining competent staff? (circle response number)

1 Yes 2 No

If Yes:

12.1 Please circle below those things you feel are the major problems. (circle response numbers)

1 Wages
2 Pension plan
3 Job image
4 Benefits
5 Working conditions
6 Lack of qualified candidates
7 Lack of training
8 Burnout, stress
9 Other (please specify): _____

13. Are there problems retaining competent volunteers? (circle response number)

1 Yes 2 No

If Yes:

13.1 Please circle below those things you feel are the major problems. (circle response numbers)

1 Lack of recognition
2 Working conditions
3 Job image
4 Burnout, stress
5 Other (please specify): _____

14. In this Program, do you think more staff or volunteers are required to meet the present demand? (circle response number)

1 Yes, staff
2 Yes, volunteers
3 Yes, both
4 No

15. If you wish, you may use the reverse side of this page to let us know of any concerns you have about staffing or the use of volunteers that you feel will help us develop policies and guidelines.

D. Characteristics of Clients

In this section, we are asking questions about the frail elderly and persons with cognitive impairments who use the different services you circled earlier in Section A, Question 4. Only this first question applies to caregivers.

1. First of all, approximately how many individual persons will have used the services during the 12 month period April 1, 1987 - March 31, 1988. Indicate if other period used instead:

1.1 Total number of people in Program _____

1.2 Number of individual frail elderly (not cognitively impaired clients) _____

1.3 Number cognitively impaired _____

1.4 Number of individual caregivers who are clients _____

1.5 Number of these caregivers caring for persons with cognitive impairments _____

1.6 Do you collect information about the caregivers?

1 Yes 2 No

If Yes:

1.6 What information do you collect?

_____

_____

2. For the total number elderly indicated in Question 1.1 above, please indicate below how many are in each category. For age, gender, and living arrangements, estimate the percentage that are cognitively impaired.

		Total Numbers	% Cognitive Imp.
2.1	**Age:**		
	85 plus		
	75-84		
	65-74		
	50-64		
	Under 50		
2.2	**Gender:**		
	Female		
	Male		

2.3 Living Arrangements:

	Total Numbers	% Cognitive Imp.
Living alone		
Living with spouse only		
Living with children only		
Living with children and spouse		
Living with someone else (not family)		
Living in rest/retirement home		
Living in home for special care		
Other (specify) _____		

2.4 Physical/Emotional Condition:

No cognitive impairment _____
Cognitively impaired only _____
Cognitively and physically impaired _____

2.5 Behavioral manifestations:

Incontinent _____
Wandering _____
Physically abusive, aggressive _____
Irrational outbursts _____
Withdrawn, passive _____
Mobility impairment _____
Sensory impairment _____
Agitation/pacing _____
Sleep disorders _____
Other (please specify) _____ _____

2.6 Financial Status:

Receive Guaranteed Income Supplement (G.I.S.) _____
Receive Gains _____
Receive Family Benefits Allowance _____
Receive disability insurance _____
Receive none of the above _____

2.7 Distance of clients from program:

Within 5 km _____
Between 5-20 km _____
Beyond 20 km _____

3. For each of the following categories, please indicate the number of persons by their average length of stay in the Program:

Average Length of Stay	Number of Clients
Less than one month	
From one month to six months	
Between six months and one year	
One-three years	
Over three years	

4. **About how frequently do your clients use the activities during an average week. Please complete either for day program or respite program as appropriate.**

Frequency for Day Program	**Number of Clients**
One day or less	_____
Two days	_____
Three to five days	_____
Over five days	_____

Frequency for Respite Program	**Number of Clients**
One to three hours	_____
Four to seven hours	_____
Eight to fifteen hours	_____
Over fifteen hours per week	_____

5. **Will you please estimate for the 12 months ending March 31, 1988, the approximate number of your program participants (frail elderly and clients with cognitive impairments) who made use of the following services outside of your own. Please indicate here if another time period is used instead:**

	Number of clients
Home maker service	_____
Integrated Homemaker Program	_____
Home care	_____
Friendly visiting	_____
Meals on wheels	_____
Public health nurses	_____
Transportation	_____
Day programs	_____
Private nursing	_____
In home respite care	_____
Institutional respite/care	_____
Other (specify) _____	_____

6. **Can you tell us anything else about your clients that has been useful to you in planning your programs? If so, please write about it on the reverse of this page.**

E. Community Need and Involvement

The questions in this section deal with the linkages between this Program and the community and the purposes for these connections.

1. **In your community, what method was used to determine the need for this Program? (circle response numbers)**

   1 Needs assessment/organizational planning
   2 Expert opinion/professional groups
   3 Request by public/family members
   4 Other (specify) _____

2. **Did this Program exist before a formal study of need was made? (circle response number)**

   1 Yes 2 No

3. **When this Program was started, which, if any, of the following caused problems? (circle response numbers)**

   1 Recruiting staff
   2 Locating facility
   3 Equipping facility
   4 Transportation
   5 Advertising
   6 Funding
   7 Attracting clients
   8 Other (please describe): _____
   9 No problems encountered

4. **Which of the following groups, if any, does this Program receive referrals from: (circle response numbers)**

   1 Placement coordination service
   2 Homemakers agency
   3 Integrated homemaker program
   4 Local home care program
   5 Home support agency
   6 Local hospitals
   7 Public health nurses
   8 Private nursing agencies
   9 Clients' physicians
   10 Community information office
   11 Alzheimer Society
   12 Seniors councils/organizations
   13 Local association for community living (association for the mentally retarded)
   14 Family members
   15 Self-referral
   16 Other (please specify)

   _____

5. **Which of these groups, if any, were represented in the initial planning and development of your Program. (circle response numbers)**

1 Placement coordination service
2 Homemakers agency
3 Integrated Homemaker Program
4 Local home care program
5 Home support agency
6 Local hospitals
7 Public health nurses
8 Clients' physicians
9 Community information office
10 Alzheimer Society
11 Seniors councils/organizations
12 Local association for community living (association for the mentally retarded)
13 District Health Council
14 Home for the Aged
15 Family members
16 Area Office of Ministry of Community and Social Services
17 Other (please specify) _____

6. **Which of the following groups, if any, are represented in your program's on-going planning, development and delivery of services. (circle response numbers)**

1 Placement coordination service
2 Homemakers agency
3 Integrated Homemaker Program
4 Local home care program
5 Home support agency
6 Local hospitals
7 Public health nurses
8 Clients' physicians
9 Community information office
10 Alzheimer Society
11 Seniors councils/organizations
12 Local association for community living (association for the mentally retarded)
13 District Health Council
14 Home for the Aged
15 Family members
16 Area Office of Ministry of Community and Social Services
17 Other (please specify) _____

7. **Is this Program represented on the Boards, Advisory Committee, or policy-making groups of any of the following: (circle response numbers)**

1 Placement coordination service
2 Homemakers agency
3 Integrated Homemaker Program
4 Local home care program
5 Home support agency
6 Local hospitals
7 Public health nurses
8 Clients' physicians
9 Community information office
10 Alzheimer Society
11 Seniors councils/organizations
12 Local association for community living (association for the mentally retarded)
13 District Health Council
14 Home for the Aged
15 Other (please specify) _____

8. **Different methods are available for assessing the effectiveness of a program's services. Which of the following methods, if any, does this Program use? (circle response numbers)**

1 Periodic surveys of need
2 Feedback from referral sources
3 Own appraisal and assessment
4 Feedback from clients
5 On-going monitoring committee
6 Review by local planning or funding group
7 Review of care plans
8 Other (please specify) _____

9. **In what ways is this Program promoted in your community? (circle response numbers)**

1 Written material, promotional material, brochures
2 Word of mouth
3 Other agencies
4 Newspaper articles
5 Media: radio, T.V.
6 Speeches with local groups
7 Mailings to professionals
8 Fundraising campaigns
9 Other (please specify) _____

10. **Which of the above methods do you find most effective? (Indicate by number)** _____

11. **At the present time, <u>in your community</u>, within which of the following areas are improvements needed to better serve the frail elderly and those persons with cognitive impairments and their caregivers. After circling the numbers of your responses, please rate them.**

		Most Needed				Least Needed
		1	2	3	4	5
1	Access to health and personal care services					
2	Flexible hours of service operation					
3	Coordination of services					
4	Emergency / crisis care					
5	Institutional care					
6	Day care					
7	Transportation to programs					
8	Homemaker services					
9	Night care services in the home					
10	Vacation relief					
11	Family support and counselling					
12	Other (please describe) _____					

12. **Please use the reverse side of this page to indicate further thoughts you have that will describe the connection between your services, your community, the Alzheimer Society, and other community services for elderly persons.**

F. Costs / Utilization & Program Operations

The following series of questions concern the costs and operations for the services you have circled in Section A, Question 4. Your responses will help the Ministry of Community and Social Services to develop appropriate guidelines. While we expect some of your figures to be estimates, please be as accurate as possible.

1. In what setting is your Program provided (circle response numbers):

1 General hospital
2 Chronic hospital
3 Home for the aged
4 Free standing facility
5 Mobile unit
6 Church
7 Elderly person's own home
8 Home of the service provider
9 Social service agency
10 Retirement home
11 Nursing home
12 Seniors apartments
13 Clubs for older people
14 Elderly persons centres
15 Community centre
16 Office
17 Other (please specify) _____

2. Has the physical setting been modified to accommodate the clients? (circle response number)

1 Yes 2 No

If Yes:

2.1 Please describe in what ways

_____

_____

_____

3. Which of the following kinds of spaces are available in this setting: (circle response numbers) Note - This question applies to day program respondents only.

1 Rest area
2 Dining area
3 Wheelchair and assistant accessible washrooms
4 Table and gross motor activity areas
5 Bathing area
6 Enclosed outdoor area
7 Food preparation and food storage area
8 Locked cabinets
9 Office space
10 Coat room and lockers
11 Staff area
12 Reception and waiting room
13 Meeting room
14 Other (please specify) _____

3.1 Do you have direct access to other spaces?

1 Yes 2 No

If yes, please list

_____

4. **In what month and year did this Program begin?**

4.1 Indicate month _____

4.2 Indicate year _____

5. **What are the estimated or projected operating costs for this Program for the 12 month period April 1, 1987 - March 31, 1988? Please indicate if another time period is used:**

Total Annual Program Costs:

5.1 Operating costs: $ _____

5.2 Capital costs: $ _____

6. **What is the percentage of total annual program costs which you allocate for administrative expenses?** _____ **%**

7. **Please indicate the sources of funding/revenue for program operations, and the estimated amount from each, for the 12 month period ending March 31, 1988 or for the latest period if different. Indicate time period if different.** _____

1	The Ministry of Community and Social Services	$ _____
2	Municipal contributions	$ _____
3	Other government grants	$ _____
4	Client fees	$ _____
5	Other fees	$ _____
6	Rentals	$ _____
7	Trillium Foundation	$ _____
8	United Way	$ _____
9	Service Clubs	$ _____
10	Alzheimers Society	$ _____
11	Donations	$ _____
12	Other (please specify) _____	$ _____

8. **Does the Program receive any free services? (circle response number)**

1 Yes 2 No

If Yes:

8.1 What services are received free by the Program? (circle response numbers)

1 Rent
2 Cleaning
3 Office equipment
4 Program equipment
5 Clerical support
6 Other (please specify) _____

9. Do you have fees for any of your services provided to the frail elderly or cognitively impaired client or their caregiver? (circle response number)

1 Yes 2 No

If Yes, please complete the following schedule:

9.1 Daily fees:

9.1.1 Minimum fee: $ _____

9.1.2 Maximum fee: $ _____

9.1.3 Average payment per day: $ _____

9.2 Hourly fees:

9.2.1 Minimum fee: $ _____

9.2.2 Maximum fee: $ _____

9.2.3 Average payment per hour: $ _____

9.3 Additional special fees:

9.3.1 Meals - charge per meal: $ _____

9.3.2 Transportation: $ _____

9.3.3 Other (please describe) $ _____

9.4 What percent of your clients pay the full fee? _____ %

9.5 What percent of your clients do not pay any user fee because of their inability to pay? _____%

9.6 Are there any other exceptions made to these fees?

1 Yes 2 No

If Yes:

9.7 What are these:

_____

10. Has this Program ever received capital funding from the Ministry of Community and Social Services? (for example, for equipment, transportation vehicle, buildings or renovations) (circle response number)

1 Yes 2 No

If Yes:

10.1 How much was received? $ _____

10.2 For what was it spent? _____

If No:

10.3 Has the Program ever applied for capital funding from the Ministry of Community and Social Services?

1 Yes 2 No

11. Which of the following resources do you, in your own experience, think are essential to effectively deliver your services in your community? (circle response numbers)

1 Program equipment
2 Number of staff
3 Number of volunteers
4 Training of staff/volunteers
5 Transportation for clients
6 Transportation for staff/volunteers
7 Office equipment
8 Space
9 Convenient location
10 Contacts with other agencies
11 Consultation from Area Office of the Ministry of Community and Social Services
12 Peer consultation
13 Other (please specify) _____

12. Please indicate which three resources you feel are most essential. (Use identifying numbers from previous question.)

_____ _____ _____

13. Which of the following Program policies/guidelines/manuals for your Program are available in written form.(circle response numbers)

1 Personnel manuals
2 Position descriptions for staff
3 Position descriptions for volunteers
4 Performance appraisals
5 Staff orientation / training
6 Supervision
7 Conditions of employment
8 Board manuals
9 Admission criteria
10 Discharge criteria
11 Procedures manuals
12 Program planning for individuals
13 Assessment and re-assessment procedures
14 Care/service plan
15 Emergency procedures
16 User fees
17 Means test
18 Hours of operation

14. Does this Program have any protection for legal liabilities? (circle response number)

1 Yes 2 No

If Yes:

14.1 What methods do you use? (circle response numbers)

1 Disclaimer signed by client/caregiver
2 Insurance policy
3 Lawyer

15. What hours/days are your services offered to clients?

Days Open	Hours of Operation	Average Number of Clients Served
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

16. Are these services available outside of the above hours on an emergency basis? (circle response number)

1 Yes 2 No

17. Please rate the need in this Program to extend or improve the following:

		Very Great Need				No Need
		1	2	3	4	5
1	The hours/days of operation of your present services					
2	Transportation for clients					
3	Physical environment					
4	Equipment					
5	Numbers of staff					
6	Training of staff					
7	Volunteers					
8	Consultation from others					
9	Health care					
10	Other (please specify) _____					

18. We welcome any further comments you wish to make concerning the costs and operation of this Program that will help us to develop policies and guidelines around program funding. Please use the reverse side of this page.

Thank you for completing this questionnaire. If you have any further thoughts you would like to provide us, or if you have any questions you would like to ask, please call Shelly Jamieson at (416) 368-1711, collect.

APPENDIX C

Day Programs and Respite Programs included in Survey

APPENDIX C

ORGANIZATIONS PROVIDING DAY PROGRAMS AND RESPITE PROGRAMS INCLUDED IN SURVEY

All organizations that were sent a questionnaire are listed below. Some organizations provided more than one program and were sent a questionnaire for each program.

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
TORONTO	Baycrest Centre Adult Day Care Att: Moshe Greengarten Rhoda Kopstein 3560 Bathurst St. Toronto M6A 2E1
	Senior Care Att: Michael Scheinert 530 Wilson Ave. Toronto M3H 1T6
	Downsview Services to Seniors Att: Inger Holmes 15 Clubhouse Court Toronto M3N 2T1
	Humbervale Day Centre Att: Dolores Ellerker c/o United Church 1 Royal York Rd. Weston M9P 3B2
	North York Seniors Centre Att: June Kertland 21 Hendon Toronto M2N 4G8
	S.P.R.I.N.T. Att: Baudoin St. Cyr 611 Eglinton Ave. W. Toronto M5N 1C5
	St. Luke's Day Care Att: Betty Lloyd 192 Carleton Toronto M5A 2K8

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
Toronto (Cont'd)	Taylor Place Day Care Att: Bill Krever 1 Overland Drive Don Mills M3C 2C3
	Community Care East York - Respite Att: Jean Green 334 Donlands Ave. Toronto M4J 3R9

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
MISSISSAUGA	Red Cross - Oakville - Burlington - Milton Att: Patricia Hutchinson, Executive Director Oakville Red Cross 167 Navy Street Oakville L6J 2Z6
	Regional Municipality of Peel Att: Peter Ballard, Director of Senior Citizens Division Regional Municipality of Peel 10 Peel Centre Drive Brampton L6T 4B9
	Senior Day Care Program Att: Christine Baxter, Coordinator Sheridan Villa Home for the Aged 525 North Main Street Brampton L6X 1N9
	Seneca Day Care Program Att: Margaret Gruber, Coordinator 599 Lyons Lane Oakville L6J 2Y2
	Seniors Day Program Att: Margaret Weightman Halton Centennial Manor 185 Ontario Street Milton L9T 2M4
	Seniors Day Program Att: Vera Davis Community Centre 80 Allan Drive Bolton, Ontario L7E 1P7

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
BARRIE	D.A.Y. York Region Att: Jocelyn Baily, Program Director The Day Centre Alzheimer Society of York Region Unit 2 18 Harlech Court Thornhill L3T 6L5
	Day Guest Program Att: Sharon Lawlor, Administrator Unionville Home for the Aged 4300 Highway #7 Unionville L3R 1L8
	Senior Encounter Program Att: David Johnson, Administrator Grove Park Home for the Aged 234 Cook Street P.O. Box 460 Barrie L4M 4T7
	Home Support Services for York Region Att: Deborah Egan, Executive Director Suite 1 489 Timothy Street Newmarket L3Y 1R1

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
HAMILTON	St. Joseph's Villa Home Support Prog. Att: David Edwards, Executive Director 56 Governor's Road Dundas L9H 5G7
	Regional Niagara Senior Citizens Day Care (6 sites) Att: Bev Goodman Senior Citizens' Dept. Regional Municipality of Niagara P.O. Box 1042 2201 St. David's Rd. Thorold L2V 4T7
	Senior Day Program - Fort Erie Att: Virginia Stockwell Senior Citizens'Dept. P.O. Box 1042 Thorold L2V 4T7
	Alzheimer's Society Niagara Region Chapter Att: Ms. Leslie E. Martineau Admin. Secretary 5017 Victoria Ave Niagara Falls L2E 4C9
	Victorian Order of Nurses - Caregiver Relief Program Att: Molly Anderson, Executive Director 414 Victoria Ave. N. Hamilton L8L 4C9
	Senior Activation Maintenance Program Att: Lynne Edwards, Coordinator Suite 300 191 Main St. W Hamilton L8P 4S2
	Alzheimer Society for Halton-Wentworth Att: Georgia Wood, President 875 Main St. W. Lower Mall, Unit 6 Hamilton L8S 4P9

MCSS AREA OFFICE	PROGRAM ORGANIZATION
Hamilton (Cont'd)	Alzheimer's Society of Brant - Home Support Program Att: John Hart, President Janet Lovekin, Administrative Coorindator 446 Grey Street Brantford N3S 4X8 Alzheimers Society of Brant-Respite Care Program Att: John Hart, President Janet Lovekin, Administrative Coordindator 446 Grey Street Brantford N3S 4X8 Macassa Lodge Outreach Att: Angelo Rubino, Community Programs Supervisor 701 Upper Sherman Hamilton L8V 3M7

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
LONDON	Huron Day Centre Att: Rosemary Armstrong c/o Huronview Home for the Aged P.O. Box 219 Clinton N0M 1L0
	Wingham Day Centre for the Homebound Att: Pam Williams 273 Edward Street Wingham N0G 2W0
	Spruce Lodge Day Care Att: Jim Henry c/o Spruce Lodge 643 West Gore Street Stratford N5A 1L4
	Elgin County Home Support Service Att: Fred Boyes c/o Elgin Manor St. Thomas N5P 3S5
	V.O.N. Oxford with sites in Woodstock and Tillsonburg Att: Marilyn Martin 305 Wellington St. N. Woodstock N4S 6S4
	Valleyview Day Centre Att: Ivan Patterson c/o Valleyview Home for the Aged 29 Elysian St St. Thomas N5P 1R5
	McCormick Home Day Care Att: Fran Blewett c/o McCormick Home 230 Victoria Street London N6A 2C2
	Dearness Home Day Care Att: Bob Hines c/o Dearness Home 710 Southdale Road London N6E 1R8

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
London (Cont'd)	Parkwood Hospital Day Care Program Att: Barbara Mori c/o Parkwood Hospital 801 Commissioners Rd East London N6C 5J1
	V.O.N. Perth with sites in Stratford, Mitchell and Listowel Att: Lynne McDonald 653 West Gore Street Stratford N5A 1L4

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
WATERLOO	City of Cambridge Att: Cathy Connelly 73 Water Street, North P.O. Box 669 Cambridge N1R 5W8
	Erin Wellington Advisory Group Att: Elaine Graham 105 Main St. Erin N0B 1T0
	County of Wellington Att: Colleen Cudney c/o Wellington Terrace P.O. Box 70 Elora N0B 1S0
	St. Joseph's Home Att: Paul O'Krafka 325 Edinburgh Rd. N. Guelph N1H 1E3
	Friendship Program City of Kitchener Att: Betty Lynn Enns City Hall Parks and Recreation Dpt. 310 Charles St. E. Kitchener N2G 4G7
	Senior Outing Day Care City of Waterloo Att: Kathy Durst Community Services Department 185 King St. S. Waterloo N2J 1P7
	Sunnyside Alzheimer Day Care for Seniors Att: Kevin Mercer c/o Sunnyside Home for the Aged 247 Franklin St. N. Kitchener N2A 1Y5

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
Waterloo (Cont'd)	Alzheimer Society of Grey-Bruce Att: Wilma Ebel 757 Second Ave. E. Owen Sound N4K 2G9
	St. Luke's Day Care Att: John Kaufman 1624 Franklin Blvd. Cambridge N3C 1P2

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
WINDSOR	Alzheimer Society of Windsor/Essex Day Away Att: George Sims President 3109 Radisson Ave. Windsor N9E 1Y4
	Lambton Alzheimer's Program Att: Vicki Lucas, Coordinator Lambton Twilight Haven R.R. # 4 Petrolia N0N 1R0
	Alzheimer's Society of Chatham/Kent Att: Tula Moon, Office Facilitator Box 182 Chatham N7M 5Z4
	Marshall Gowland Manor Outreach Att: Diane Steinman, Coordinator 1000 London Road Sarnia N7S 1N7
	North Lambton Multi-Service Centre for Seniors Att: Sheila Newton-Smith, Coordinator North Lambton Rest Home 39 Morris Street P.O. Box 640 Forest N0N 1J0
	South Essex Community Council Att: Jose Sotto, Executive Director Outreach to Seniors 18 Selkirk Avenue Leamington N8H 1G3
	Downtown Community Citizens Organization Att: Donna Gamble, President 495 Glengarry Avenue Windsor N9A 1P5

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
Windsor (Cont'd)	Greater Windsor Senior Citizens Association Att: Flo Hartleib, Executive Director 706 Goyeau Street Windsor N9A 1H6

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
OTTAWA	Alzheimer Day Away Program at Elizabeth Bruyere Health Centre Att: Kathy Wright, Executive Director Ottawa-Carleton Alzheimer Society 1525 Carling Ave. Lower Level Ottawa K1Z 8R9
	Alzheimer Day Away Program at Woodroffe United Church Att: Kathy Wright, Executive Directoras Ottawa-Carleton Alzheimer 1525 Carling Ave. Lower Ottawa K1Z 8R9
	Marianhill Att: Sister Alice McEvoy,Administrator 600 Cecelia Street Pembroke K8A 7Z3
	Carleton Lodge Day Care Att: Hanora Lokhat, Administrator R.R. #2 Nepean K2C 3H1
	Centre d'Accueil Champlain Day Care Att: Glenn Gagnon, Administrator 275 Perrier St. Vanier K1L 5C6
	St. Patrick's Home Day Care Program Att: Sister Rita Kennedy, Administrator 2865 Riverside Drive Ottawa K1V 8N5
	Ottawa West Seniors Support - Sitter Service Att: Lee McCarthy, Director 1137 Wellington St. Ottawa K1Y 2Y7
	Cornwall & District Alzheimer Society Att: Linda McDevitt, Coordinator 714 Pitt Street P.O. Box 1852 Cornwall K6H 6N6

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
KINGSTON	Hildegarde Day Care Att: Denise Hagerman Providence Manor Home for the Aged 115 Ordnance Street Kingston K7K 1G7
	Victorian Order of Nurses - Eastern Lake Ontario Branch Att: Don Austin, Executive Director 391 Barrie Street Kingston K7K 3T6
	The Alzheimer's Society of Kingston Att: Kay McGeer 100 Stuart Street Kingston K7L 2V6
	Belleville Alzheimer Society Att: Joy Dixon, President Barbara Clarke, Coordinator c/o Community Care for Seniors 119 Front Street Ste. 206 Belleville K8N 2Y7

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
PETERBOROUGH	Caregiver Relief Durham Regional Community Care Att: Paul Tuttle, Executive Director 122 Hunt Street AJAX L1N 1P5
	V.O.N. Day Programs in Peterborough Att: Linda Kehoe, Acting Executive Director, V.O.N. Margaret Hodgins, Day Program 1600 Lansdowne St. W. Peterborough K9K 1R2

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
KENORA/ RAINY RIVER	Pinecrest Home Support for the Elderly Att: Mrs. Jane Davidson, Co-ordinator 1220 Valley Drive Kenora P9N 2W7
	Rainycrest Home Support for the Elderly Att: Mr. Philip Canning Co-ordinator Rainycrest District Home for the Aged 550 Home Street Fort Frances P9A 3T2
	Sioux Lookout Home Support for the Elderly Att: Ms Norma Moran, Co-ordinator P.O. Box 158 Sioux Lookout P0V 2T0
	Wunnummin Lake Band Home Support for the Elderly Att: Jemima McKay, Welfare Administr. Wunnummin Lake Band Office Wunnummin Lake P0V 2Z0

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
THUNDER BAY	Wesway Home Support for the Elderly Att: Cathy Farrell, Executive Director 135 N. Syndicate Ave #305 Thunder Bay P7C 3V3 VON, Home Support for the Elderly Att: Gordon Sinclair, Centre Day Care Mrs. C.E. Allan, Exe. Director 600 McKenzie St. Thunder Bay P7C 4Z3 Alzheimer's Day Care - Home Support for the Elderly Att: Sister Shirley Caicco, Executive Director St. Josephs Heritage 63 Carrie St Thunder Bay

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
SUDBURY	Alzheimer Respite Care Respite & Day Programs Att: Janet Castellan, Co-ordinator 268 Cedar St. Sudbury P3B 1M7
	Manitoulin Home Support Att: Lynne McMurray, Co-ordinator 70 Robinson St. Little Current P0P 1K0
	Massey Home Support Services For The Elderly Att: Mrs. Eva Roberts, Home Support Coordinator 387 River Street Massey P0P 1P0
	Pioneer Manor Att: Mr. Ken Zinn, Regional Director Home For The Aged Regional Municipality of Sudbury 960 Notre Dame Avenue Sudbury

MCSS AREA OFFICE	PROGRAM ORGANIZATION
ALGOMA	Serpent River Home Help Att: Emma Measwasige, Social Services Co-ordinator 48 Village Road Cutler P0P 1B0
	Ojibways of the Mississauga Band #8 Home Help Program Att: Joanne Niganobe - Band Administrator P.O. Box 1299 Blind River P0R 1B0
	St. Joseph's Day Care for Seniors Att: Mr. R. Clouthier, Asst. Administrator Box 970 Blind River P3B 1M7
	Elliot Lake Home Support Services For the Elderly Att: M.C. Bishop, Treasurer Town of Elliot Lake 45 Hillside Drive, North Elliot Lake P5A 1X5

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
TIMMINS	Canadian Red Cross Society Alzheimer's Respite Care Program Att: Kathy Woram 93 Cedar St. S. Timmins P4N 2G7
	Cochrane Dist. Homes for the Aged Senior Home Support Att: Ken Wollen 240 Fyfe Street Iroquois Falls P0K 1E0
	Golden Manor Senior's Day Care Att: Gerry Labelle 481 Melrose Blvd. Timmins P4N 2G7
	Kirkland Lake Outreach Program - Pioneer Manor Att: Mark Graham c/o Tech. Pioneer Residence Kirkland Lake P2N 1T9
	Canadian Red Cross Home Maintenance Att: Mr. Charles Cooper, Executive Director 105 Allard Street Sault Ste. Marie P6B 5G2

MCSS AREA OFFICE	PROGRAM/ORGANIZATION
NORTH BAY	Club Du Bonheur - Verner Home Support for the Elderly Att: Mme. Eva Piquette, President General Delivery Verner P0H 2M0
	Day Care Services for Seniors Board of Management of Cassellholme Att: Mr. Gordon Shields, Administrator 400 Olive St. North Bay P1B 6J4
	Emanual United Church Att: Steve Glass 395 Lakeshore Drive North Bay E1A 2C5
	Belvedere Heights Home for the Aged-Parry Sound Day Care Att: Jack Agema, Administrator 21 Belvedere Avenue Parry Sound P2A 2A2
	The Pines Day Program Att: Ian Turnbull, E.D. Bracebridge P0B 1C0

APPENDIX D

Survey Data by Province, Program and Objective

DAY PROGRAMS BY PROVINCE

Objective I: To obtain information about the program components in specific MCSS-funded Day Programs that would assist in developing MCSS policy on an appropriate core of program components for these programs in urban, rural and remote communities.

DP1.1 Number of locations for Day Programs

	N (programs)	Percent (programs)
One location	49	92.5%
Two locations	4	7.5%
More than two locations	0	0.0%
N of programs responding	53	
No response	0	

DP1.2 Type of agency for Day Programs

	N (programs)	Percent (programs)
Single-service agency	12	23.5%
Multi-service agency	39	76.5%
N of programs responding	51	
No response	2	

---

* Tables in this section are based on a total N=53 programs. In some series of questions, an initial screening question allowed only some respondents to continue and answer subsequent questions. Tables presenting answers to these questions sum to less than 53.

The number of programs responding to the question is shown in each table. Percentages are based on the number of programs responding, unless otherwise specified. The total number of responses to multiple response questions is also shown as Total N (mentions), where appropriate.

DP1.3 Type of sponsorship of Day Programs

	N (programs)	Percent (programs)
Municipality	23	46.0%
Charitable, not for profit	27	54.0%
Indian band	0	0.0%
For profit agency	0	0.0%
N of programs responding	50	
No response	3	

DP1.4 Number of Day Programs providing these activities

	N (mentions)	Percent (programs)
Nursing services	28	58.3%
Meals	51	98.1%
Recreational/social activities	52	100.0%
Nutrition/health counselling	31	59.6%
Counselling to client	33	63.5%
Health monitoring	36	69.2%
Vacation care	7	13.5%
Activities for daily living programming	32	61.5%
Physiotherapy	9	17.3%
Exercise groups	50	96.2%
Transportation	45	86.5%
In home relief to caregivers/homemaking	3	5.8%
Referral to other services	44	84.6%
Family support groups-self help	13	25.0%
Counselling/education for caregivers	32	61.5%
Physical care	4	7.7%
Household care	0	0.0%
Overnight care	3	5.8%
Total N (mentions)	473	
N of programs responding	52	
No response	1	

DP1.5 Transportation arrangements for Day Programs

	N (mentions)	Percent (programs)
Volunteers	20	38.5%
Client's family	36	69.2%
Client's friends	13	25.0%
Service clubs	7	13.5%
Agency's own van or bus	27	51.9%
Municipally operated transportation	18	34.6%
Referral to other service provider	6	11.5%
Taxi	8	15.4%
Red Cross	2	3.8%
Staff other than paid driver	2	3.8%
Total N (mentions)	139	
N of programs responding	52	
No response	1	

DP1.6 Satisfaction of Day Programs with transportation arrangements

	N (programs)	Percent (programs)
Satisfied:		
Satisfied, no reason given	33	64.7%
Staff accompanies driver, security for client	1	2.0%
Always same driver, security for client	2	3.9%
Mileage payment attracts volunteers	1	2.0%
Not satisfied:		
Not satisfied, no reason given	1	2.0%
Inappropriate for cognitively-impaired passengers	6	11.8%
Rural area, difficult to service	3	5.9%
Too much demand on an over burdened system	2	3.9%
Scheduling of volunteers too complicated	1	2.0%
Too much diversity (i.e. different drivers, times)	1	2.0%
N of programs responding	51	
No response	2	

DP1.7 Number of Day Programs that provide services in both official languages

	N (programs)	Percent (programs)
Services provided in both official languages	7	13.2%
Services not provided in both official languages	46	86.8%
N of programs responding	53	
No response	0	

DP1.8 Languages other than English or French that are used to provide services in Day Programs

	N (mentions)	Percent (programs)
Polish	1	6.7%
Italian	9	60.0%
German	7	46.7%
Finnish	2	13.3%
Dutch	3	20.0%
Sign	3	20.0%
Yiddish	2	13.3%
Russian	3	20.0%
Cree/Ojibway	1	6.7%
Chinese	4	26.7%
Ukranian	2	13.3%
Spanish	2	13.3%
Portuguese	1	6.7%
Indian	1	6.7%
Hebrew	1	6.7%
Total N (mentions)	42	
N of programs responding	15	
No response	0	

DP1.9 Problems involved in packaging activities that are cited by Day Programs

	N (mentions)	Percent (programs)
Cost	11	44.0%
Lack of staff/volunteers	14	56.0%
Diverse needs/services	3	12.0%
Space	5	20.0%
Non-participation	2	8.0%
Separate medical/social activities	1	4.0%
Total N (mentions)	36	
N of programs responding	25	
No response	28	

DP1.10 Activities Day Programs would like to initiate

	N (mentions)	Percent (programs)
Nursing services	3	9.1%
Meals	2	6.1%
Recreational/social activities	1	3.0%
Nutritional/health counselling	2	6.1%
Counselling to client	1	3.0%
Health monitoring	2	6.1%
Vacation care	11	33.3%
Activities for daily living programming	3	9.1%
Physiotherapy	3	9.1%
Exercise groups	0	0.0%
Transportation	1	3.0%
In home relief to caregivers/homemaking	7	21.2%
Referral to other services	0	0.0%
Family support groups-self help	12	36.4%
Counselling/education for caregivers	8	24.2%
Physical care	0	0.0%
Household care	0	0.0%
Overnight care	4	12.1%
Total N (mentions)	60	
N of programs responding	33	
No response	0	

DP1.11 Day Program activities that are easiest to deliver

	N (mentions)	Percent (programs)
Nursing services	16	32.0%
Meals	41	82.0%
Recreational/social activities	35	70.0%
Nutrition/health counselling	7	14.0%
Counselling to client	4	8.0%
Health monitoring	9	18.0%
Vacation care	2	4.0%
Activities for daily living programming	8	16.0%
Physiotherapy	2	4.0%
Exercise groups	27	54.0%
Transportation	12	24.0%
In home relief to caregivers/homemaking	1	2.0%
Referral to other services	11	22.0%
Family support groups-self help	2	4.0%
Counselling/education for caregivers	5	10.0%
Physical care	2	4.0%
Household care	1	2.0%
Overnight care	1	2.0%
Total N (mentions)	186	
N of programs responding	50	
No response	3	

DP1.12 Reasons cited by Day Programs for ease of delivery

	N (mentions)	Percent (programs)
Facilities/resources readily available	29	82.9%
Sufficient staff	16	45.7%
High level of participation/interest	2	5.7%
Services controlled by VON	1	2.9%
Total N (mentions)	48	
N of programs responding	35	
No response	18	

DP1.13 Activities cited by Day Programs that are the most difficult to deliver

	N (mentions)	Percent (programs)
Nursing services	5	10.9%
Meals	3	6.5%
Recreational/social activities	12	26.1%
Nutrition/health counselling	3	6.5%
Counselling to client	8	17.4%
Health monitoring	1	2.2%
Vacation care	1	2.2%
Activities for daily living programming	3	6.5%
Physiotherapy	0	0.0%
Exercise groups	0	0.0%
Transportation	26	56.5%
In home relief to caregivers/homemaking	2	4.3%
Referral to other services	8	17.4%
Family support groups-self help	3	6.5%
Counselling/education for caregivers	13	28.3%
Physical care	2	4.3%
Household care	0	0.0%
Overnight care	0	0.0%
Total N (mentions)	90	
N of programs responding	46	
No response	7	

DP1.14 Reasons cited by Day Programs for difficulty

	N (mentions)	Percent (programs)
Diversity of clients	9	25.7%
Transportation problems	17	48.6%
Volunteer/staff shortage	13	37.1%
Total N (mentions)	39	
N of programs responding	35	
No response	18	

DP1.15 Day Programs that provide services in both English and French

	N (programs)	Percent (programs)
Services in both languages provided	7	13.2%
Services in both languages not provided	46	86.8%
N of programs responding	53	
No response	0	
Of the Day Programs that do not provide services in both languages:		
Not provided but needed	4	8.7%
Not provided and not needed	42	91.3%
N of programs responding	46	
No response	0	

DP1.16 Day Programs that provide services in languages other than English or French

	N (programs)	Percent (programs)
Other languages provided	15	28.8%
Other languages not provided	37	71.2%
N of programs responding	52	
No response	1	
Of the Day Programs that do not provide services in other languages:		
Not provided but needed	12	34.3%
Not provided and not needed	23	65.7%
N of programs responding	35	
No response	2	

DP1.17 Problems at the outset of Day Programs

	N (mentions)	Percent (programs)
Recruiting/retaining staff or volunteers	7	14.6%
Locating facility	17	35.4%
Equipping facility	12	25.0%
Transportation	27	56.3%
Advertising	2	4.2%
Funding	22	45.8%
Attracting clients	27	56.3%
Difficult relationship with other agencies	2	4.2%
Opposition from hospital	1	2.1%
No problems encountered	2	4.2%
Total N (mentions)	119	
N of programs responding	48	
No response	5	

DP1.18 Resources considered essential to Day Programs

	N (mentions)	Percent (programs)
Program equipment	35	70.0%
Number of staff	45	90.0%
Number of volunteers	46	92.0%
Training of staff/volunteers	40	80.0%
Transportation for clients	46	92.0%
Transportation for staff/volunteers	4	8.0%
Office equipment	26	52.0%
Space	43	86.0%
Convenient location	37	74.0%
Contacts with other agencies	42	84.0%
Consultation from Area Office of MCSS	29	58.0%
Peer consultation	25	50.0%
Other	0	0.0%
Total N (mentions)	418	
N of programs responding	50	
No response	3	

DP1.19 Activities for which Day Programs would find guidelines helpful

	N (mentions)	Percent (programs)
Nursing services	12	27.3%
Meals	8	18.2%
Recreational/social activities	22	50.0%
Nutrition/health counselling	9	20.5%
Counselling to clients	12	27.3%
Health monitoring	9	20.5%
Vacation care	6	13.6%
Activities for daily living programming	8	18.2%
Physiotherapy	5	11.4%
Exercise groups	15	34.1%
Transportation	18	40.9%
In home relief to caregivers/homemaking	6	13.6%
Referral to other services	13	29.5%
Family support groups-self help	9	20.5%
Counselling/education for caregivers	10	22.7%
Physical care	6	13.6%
Household care	5	11.4%
Overnight care	5	11.4%
Total N (mentions)	178	
N of programs responding	44	
No response	9	

DAY PROGRAMS BY PROVINCE

Objective II: To identify and analyse the current program and administrative costs of Day Programs in Ontario as a basis for determining the development of appropriate funding policies and guidelines.

DP2.1 Estimated or projected operating costs for Day Programs for the 12-month period April 1, 1987 - March 31, 1988

	Total	Range	Median	N of programs responding	No response
Total for province	$4,359,470	$12,429-652,491	$71,729	46	7

DP2.2 Total client days service was provided

	Total	Range	Median	N of programs responding	No response
Total for province	97708	416-7072	1976	41	12

DP2.3 Estimated or projected capital costs for Day Programs for the fiscal year ending March 31, 1988

	N (programs)	Percent (programs)
$0	21	63.6%
$ 1,000 - $15,000	6	18.2%
$16,000 - $30,000	0	0.0%
$31,000 - $45,000	3	9.1%
$46,000 - $60,000	1	0.0%
More than $60,000	2	6.1%
N of programs responding	33	
No response	20	

DP2.4 Administration expenses as a percentage of total annual Day Program costs

	N (programs)	Percent (programs)
0 - 10%	17	56.7%
11 - 20%	7	23.3%
21 - 30%	0	0.0%
31 - 40%	0	0.0%
41 - 50%	0	0.0%
51 - 60%	0	0.0%
61 - 70%	2	6.7%
More than 70%	4	13.3%
N of programs responding	30	
No response	23	

DP2.5A Number of Day Programs that have received capital funding

	N (programs)	Percent (programs)
Received capital funding	26	60.5%
Applied for but did not receive capital funding	4	9.3%
Neither of above	13	30.2%
N of programs responding	43	
No response	10	

DP2.5B How Day Programs spent capital funding

	N (mentions)	Percent (programs)
Furniture for client area	6	26.1%
Office furniture/office equipment	5	21.7%
Safety devices	2	8.7%
Vehicle	8	34.8%
Start up cost	2	8.7%
Renovations/equipment (not specified)	12	52.2%
Total N (mentions)	35	
N of programs responding	23	
No response	3	

DP2.6 Sources of Day Program funding for the fiscal year ending March 31, 1988

	N (mentions)	Percent (programs)
The Ministry of Community and Social Services	43	86.0%
Municipal contributions	17	34.0%
Other government grants	9	18.0%
Client fees	36	72.0%
Other fees	3	6.0%
Rentals	1	2.0%
Trillium Foundation	1	2.0%
United Way	3	6.0%
Service clubs	3	12.0%
Alzheimers Society	4	4.0%
Donations/miscellaneous	12	24.0%
Fundraising/craft revenue	2	4.0%
VON	0	0.0%
Hospital	2	4.0%
Total N (mentions)	136	
N of programs responding	50	
No response	3	

DP2.7 Number of Day Programs that receive free services

	N (programs)	Percent (programs)
Free services received	29	56.9%
No free services received	22	43.1%
N of programs responding	51	
No response	2	

DP2.8 Type of free services received by Day Programs

	N (mentions)	Percent (programs)
Rent	24	82.8%
Cleaning	25	86.2%
Office equipment	9	31.0%
Program equipment	4	13.8%
Clerical support	16	55.2%
Refreshments	2	6.9%
Other	1	3.4%
Total N (mentions)	81	
N of programs responding	29	
No response	0	

DP2.9 Fees for Day Program services

	N (programs)	Percent (programs)
Fees charged for services provided	49	96.1%
No fees charged for services provided	2	3.9%
N of programs responding	51	
No response	2	

DP2.10 Daily fees for Day Programs

Table includes only the programs which indicated that an actual amount was charged. Many programs left blanks, which may or may not indicate that no fee was charged. These programs are included in the no response column.

	Mean	Range	N of programs responding	No response
Minimum fee	$ 5.13	$ 1-$15	28	25
Maximum fee	$13.69	$ 3-$45	37	16
Average daily payment	$10.70	$ 2-$66	41	12

DP2.10A Average daily payment received by Day Programs

	N (programs)	Percent (programs)
$ 0 - 5	4	9.5%
$ 6 - 10	26	61.9%
$11 - 15	10	23.8%
$16 - 20	0	0.0%
More than $20	2	4.8%
N of programs responding	42	
No response	11	

DP2.11 Meal fees for Day Programs

Table includes only those programs which indicated that an actual amount was charged. Many programs left blanks, which may or may not indicate that no fee was charged. Programs that left blanks are included in the no response column.

	Mean	Range	N of programs responding	No response
Charge per meal	$3.18	$2-$6	11	42

DP2.12 Number of Day Programs by percentage of clients who pay full fees

Percentage of clients paying full fees	N (programs)	Percent (programs)
0 - 59%	7	15.2%
60 - 69%	4	8.7%
70 - 79%	1	2.2%
80 - 89%	4	8.7%
90 - 99%	13	28.3%
100%	17	37.0%
N of programs responding	46	
No response	7	

DP2.13 Number of Day Programs by percentage of clients who do not pay any user fee because of their inability to pay

Percentage of clients paying no fee	N (programs)	Percent (programs)
0%	33	68.8%
1 - 10%	14	29.2%
11 - 25%	1	2.1%
N of programs responding	48	
No response	5	

DAY PROGRAMS BY PROVINCE

Objective III: To describe the staffing of the programs.

DP3.1 Staff complement positions in Day Programs

	N (mentions)
Director/administrator	24
Program coordinator	39
Supervisor	15
Intake worker	4
Registered nurse	13
Social worker	16
Physiotherapist	0
Occupational therapist	1
Family support worker	0
Activity director	11
Food services worker	10
Clerical staff	15
RNA/Health Care Aid	13
Homemaker	1
Driver	19
Activity worker	28
Student	9
Program assistant	1
Volunteer support coordinator	1
Respite worker	0
Home support worker	0
Total N (mentions)	220

Includes all programs that indicated by any means (check mark or figures) that the position was part of the staff complement. The number of non-respondents is not shown because many respondents provided incomplete answers; only 1 respondent left all answer spaces blank.

DP3.2 Staff complement positions that require special qualifications

	N (mentions)	Percent (programs)
Director/administrator	11	33.3%
Program coordinator	25	75.8%
Supervisor	7	21.2%
Intake worker	3	9.0%
Registered nurse	8	24.2%
Social worker	10	30.3%
Physiotherapist	0	0.0%
Occupational therapist	0	0.0%
Family support worker	0	0.0%
Activity director	6	18.2%
Food services worker	0	0.0%
Clerical staff	5	15.2%
RNA/Health Care Aid	7	21.2%
Homemaker	0	0.0%
Driver	5	15.2%
Activity worker	14	42.4%
Student	2	6.1%
Program assistant	1	3.0%
Volunteer support coordinator	1	3.0%
Respite worker	0	0.0%
Home support worker	0	0.0%
Total N (mentions)	105	
N of programs responding	33	
No response	20	

DP3.3 Major problems in recruiting competent staff identified by Day Programs

	N (mentions)	Percent (programs)
Wages	9	64.3%
Pension plan	2	14.3%
Job image	1	7.1%
Benefits	3	21.4%
Working conditions	3	21.4%
Lack of qualified candidates	9	64.3%
Lack of training	4	28.6%
Promotional clause	1	7.1%
Part-time - unattractive	2	14.3%
Total N (mentions)	34	
N of programs responding	14	
No response	0	

DP3.4 Major problems in recruiting competent volunteers identified by Day Programs

	N (mentions)	Percent (programs)
Lack of available candidates	27	79.4%
Lack of qualified candidates	12	35.1%
Lack of recognition	0	0.0%
Job image	4	11.8%
Inadequate training	5	14.7%
Working conditions	1	2.9%
Difficult to work with cognitively impaired	2	5.9%
Lack of staff time	2	5.9%
Transportation problems	3	8.8%
Total N (mentions)	56	
N of programs responding	34	
No response	1	

DP3.5 Major problems in retaining competent staff identified by Day Programs

	N (mentions)	Percent (programs)
Wages	8	88.9%
Pension plan	1	11.1%
Job image	0	0.0%
Benefits	3	33.3%
Working conditions	0	0.0%
Lack of qualified candidates	2	22.2%
Lack of training	0	0.0%
Burnout, stress	3	33.3%
Guaranteed hours of work	1	11.1%
Total N (mentions)	18	
N of programs responding	9	
No response	0	

DP3.6 Major problems in retaining competent volunteers identified by Day Programs

	N (mentions)	Percent (programs)
Lack of recognition	3	15.8%
Working conditions	0	0.0%
Job image	2	10.5%
Burnout, stress	4	21.1%
Attracting young volunteers	1	5.3%
Lack of long-term commitment	6	31.6%
Difficult working with impaired persons	1	5.3%
Total N (mentions)	17	
N of programs responding	19	
No response	0	

DP3.7 Day Programs indicating more staff or volunteers are required to meet the present demand

	N (programs)	Percent (programs)
More staff required	7	13.5%
More volunteers required	15	28.8%
More staff and volunteers required	20	38.5%
No more staff or volunteers required	10	19.2%
N of programs responding	52	
No response	1	

DP3.8 Day Programs with in-service training for staff or volunteers

	N (programs)	Percent (programs)
Training for staff only	4	7.8%
Training for volunteers only	2	3.9%
Training for staff and volunteers	39	76.5%
No in-service training	6	11.8%
N of programs responding	51	
No response	2	

DP3.9 Day Programs with in-service training on cognitive impairment

	N (programs)	Percent (programs)
Training for staff only	5	11.1%
Training for volunteers only	0	0.0%
Training for staff and volunteers	35	77.8%
No in-service training	5	11.1%
N of programs responding	45	
No response	0	

DP3.10 Content of Day Program staff/volunteer training

	N (mentions)	Percent (programs)
Normal aging vs abnormal	6	17.6%
Alzheimers & other dementias	12	35.3%
Dealing with difficult patients	5	14.7%
First aid	0	0.0%
Workshop format	20	58.8%
Personal care techniques	0	0.0%
Assessment skills	2	5.9%
General nursing care	1	2.9%
Regular in-service training	10	29.4%
Visits to other facilities	1	2.9%
General orientation	2	5.9%
Total N (mentions)	59	
N of programs responding	34	
No response	11	

DP3.11 Ways Day Program training could be improved

	N (mentions)	Percent (programs)
More contact with other programs	1	8.3%
Increase volunteer training	4	33.3%
More intensive	5	41.7%
Correspondence courses	1	8.3%
Access to more material	4	33.3%
Ongoing training	3	25.0%
Total N (mentions)	18	
N of programs responding	12	
No response	0	

DAY PROGRAMS BY PROVINCE

Objective IV: To obtain information about how Day Programs have identified local community needs and involved local associations, family members, and/or caregivers in program planning, development and delivery.

DP4.1 Methods used to determine the need for Day Programs

	N (mentions)	Percent (programs)
Needs assessment/organizational planning	26	54.2%
Expert opinion/professional groups	27	56.3%
Request by public/family members	23	47.9%
Total N (mentions)	76	
N of programs responding	48	
No response	5	

DP4.2 Groups providing referrals to Day Programs

	N (mentions)	Percent (programs)
Placement coordination service	22	42.3%
Homemakers agency	21	40.4%
Integrated Homemaker Program	7	13.5%
Local home care program	41	78.8%
Home support agency	16	30.8%
Local hospitals	42	80.8%
Public health nurses	43	82.7%
Private nursing agencies	13	25.0%
Clients' physicians	42	80.8%
Community information office	8	15.4%
Alzheimer Society	27	51.9%
Seniors councils/organizations	9	17.3%
Local association for community living (association for the mentally retarded)	11	21.2%
Family members	49	94.2%
Self-referral	32	61.5%
Community Occupational Therapy Associates	4	7.7%
Home for the Aged	2	3.8%
VON	0	0.0%
Total N (mentions)	389	
N of programs responding	52	
No response	1	

DP4.3 Groups involved in initial planning and development of Day Programs

	N (mentions)	Percent (programs)
Placement coordination service	5	10.2%
Homemakers agency	5	10.2%
Integrated Homemaker Program	1	2.0%
Local home care program	13	26.5%
Home support agency	12	24.5%
Local hospitals	16	32.7%
Public health nurses	19	38.8%
Clients' physicians	11	22.4%
Community information office	3	6.1%
Alzheimer Society	19	38.8%
Seniors councils/organizations	15	30.6%
Local association for community living (association for the mentally retarded)	2	4.1%
District Health Council	15	30.6%
Home for the Aged	31	63.3%
Family members	12	24.5%
Area Office of Ministry of Community and Social Services	36	73.5%
Consultants/social workers	1	2.0%
VON/Sisters of St. Joseph	2	4.1%
Total N (mentions)	218	
N of programs responding	49	
No response	4	

DP4.4 Groups represented in the Day Program's on-going planning, development and delivery of services

	N (mentions)	Percent (programs)
Placement coordination service	5	10.4%
Homemakers agency	3	6.3%
Integrated Homemaker Program	2	4.2%
Local home care program	8	16.7%
Home support agency	9	18.8%
Local hospitals	14	29.2%
Public health nurses	21	43.8%
Clients' physicians	14	29.2%
Community information office	5	10.4%
Alzheimer Society	22	45.8%
Seniors councils/organizations	14	29.2%
Local association for community living (association for the mentally retarded)	1	2.1%
District Health Council	6	12.5%
Home for the Aged	26	54.2%
Family members	21	43.8%
Area Office of Ministry of Community and Social Services	39	81.3%
Consultants	1	2.1%
Community Occupational Therapy Associates	1	2.1%
VON	1	2.1%
Total N (mentions)	213	
N of programs responding	48	
No response	5	

DP4.5 Groups on which Day Programs are represented

	N (mentions)	Percent (programs)
Placement coordination service	4	10.3%
Homemakers agency	1	2.6%
Integrated Homemaker Program	0	0.0%
Local home care program	1	2.6%
Home support agency	8	20.5%
Local hospitals	2	5.1%
Public health nurses	2	5.1%
Clients' physicians	2	5.1%
Community information office	2	5.1%
Alzheimer Society	12	30.8%
Seniors councils/organizations	13	33.3%
Local association for community living (association for the mentally retarded)	0	0.0%
District Health Council	6	15.4%
Home for the Aged	22	56.4%
Other	11	28.2%
George Brown College	1	2.6%
Total N (mentions)	87	
N of programs responding	39	
No response	14	

DP4.6 Methods used for assessing the effectiveness of Day Program services

	N (mentions)	Percent (programs)
Periodic surveys of need	14	26.9%
Feedback from referral sources	33	63.5%
Own appraisal and assessment	47	90.4%
Feedback from clients	51	98.1%
On-going monitoring committee	12	23.1%
Reivew by local planning or funding group	14	26.9%
Review of care plans	26	50.0%
Total N (mentions)	197	
N of programs responding	52	
No response	1	

DAY PROGRAMS BY PROVINCE

Objective V: To identify the characteristics of the persons being served in the Day Programs.

DP5.1: Total number of clients served in Day Programs

	Total (clients)	N of programs responding	No response
Number of people in program	2900	50	3
Number of individual frail elderly (not cognitively impaired clients)	1165	49	4
Number cognitively impaired	874	49	4
Number of individual caregivers who are clients	505	49	4
Number of these caregivers caring for persons with cognitive impairments	576	49	4

DP5.2: Information that Day Programs collect about caregivers

	N (mentions)	Percent (programs)
Family/social history/interests	7	31.8%
Living arrangements	5	22.7%
Stress factors/health/needs assessment	6	27.3%
Psychological/social assesment of care recipient	1	4.5%
Health background	5	22.7%
Basic information	7	31.8%
Burden index/interview	3	13.6%
Total N (mentions)	34	
N of programs responding	22	
No response	0	

DP5.3A Age of Day Program clients

Percentages in the tables below are based on the total clients of the programs that responded to these questions in the survey, and this total varies with each table.

Age group	N (clients)	Percent (clients)
85+	418	19.6%
75-84	888	41.7%
65-74	609	28.6%
50-64	198	9.3%
Under 50	17	0.8%
Total N (clients)	2130	
N of programs responding	48	
No response	5	

DP5.3B Gender of Day Program clients

	N (clients)	Percent (clients)
Female	1524	66.9%
Male	753	33.1%
Total N (clients)	2277	
N of programs responding	49	
No response	4	

DP5.3C Living arrangements of Day Program clients

	N (clients)	Percent (clients)
Living alone	602	27.3%
Living with spouse only	687	31.1%
Living with children only	535	24.2%
Living with children and spouse	94	4.3%
Living with someone else (not family)	108	4.9%
Living in rest/retirement home	97	4.4%
Living in home for special care	40	1.8%
Living with sibling	46	2.1%
Total N (clients)	2209	
N of programs responding	49	
No response	4	

DP5.3D Distance of clients from Day Programs

	N (clients)	Percent (clients)
Within 5 km	874	40.3%
Between 5-20 km	1045	48.2%
Beyond 20 km	248	11.4%
Total N (clients)	2167	
N of programs responding	46	
No response	7	

DP5.4A Percentage of Day Programs clients who are cognitively impaired, by age group

Age group	Estimated % of each group that is cognitively impaired
85+	33.0%
75-84	40.3%
65-74	40.0%
50-64	44.7%
Under 50	47.0%
N of programs responding	43
No response	10

DP5.4B Percentage of Day Program clients who are cognitively impaired, by gender

	Estimated % of each group that is cognitively impaired
Female	32.7%
Male	44.7%
N of programs responding	40
No response	13

DP5.4C Percentage of Day Programs clients who are cognitively impaired, by living arrangement

	Estimated % of each group that is cognitively impaired
Living alone	18.7%
Living with spouse only	54.2%
Living with children only	35.2%
Living with children and spouse	55.5%
Living with someone else (not family)	75.0%
Living in rest/retirement home	28.9%
Living in home for special care	44.0%
Living with sibling	45.7%
N of programs responding	41
No response	12

DP5.5 Number of Day Program clients with various behavioral manifestations

	N (mentions)	Percent (mentions)*
Incontinent	129	6.0%
Wandering	236	11.0%
Physically abusive, aggresive	37	1.7%
Irrational outbursts	74	3.4%
Withdrawn, passive	132	6.1%
Mobility impairment	648	30.2%
Sensory impairment	585	27.2%
Agitation/pacing	126	5.9%
Sleep disorders	137	6.4%
Disorientation	43	2.0%
Total N (mentions)	2147	
N of programs responding	46	
No response	7	

*Percentages are based on the total N of clients reported with various behaviours. Clients with several behaviours are reported in several categories.

DP5.6 Number of Day Program clients who made use of other services during the 12 months ending March 31, 1988

	N (mentions)	Percent (mentions)*
Home maker service	395	12.7%
Integrated Homemaker Program	158	5.1%
Home care	444	14.3%
Friendly visiting	132	4.3%
Meals on Wheels	378	12.2%
Public health nurses	470	15.1%
Transportation	518	16.7%
Day programs	409	13.2%
Private nursing	44	1.4%
In home respite care	57	1.8%
Institutional respite care	86	2.8%
Other	14	0.5%
Total N (mentions)	3105	
N of programs responding	40	
No response	13	

*Percentages are based on the total number of clients reported using services. Clients who used several services are reported in several categories.

DAY PROGRAMS BY PROVINCE

Objective VI: To obtain preliminary information on the extent to which Day Programs have developed the program components needed in their community.

DP6.1: Areas within their communities identified by Day Programs as needing improvements to better serve the frail elderly and those persons with cognitive impairments and their caregivers

	Most needed 1	2	3	4	Least needed 5	No Need 6	N of programs responding	No response
Access to health and personal care services	3	8	7	4	1	27	50	3
Flexible hours of service operation	7	9	14	2	0	19	51	2
Coordination of services	10	19	6	2	1	13	51	2
Emergency/crisis care	16	9	3	2	1	21	52	1
Institutional care	7	6	6	6	2	23	50	3
Day care	11	6	3	1	3	27	51	2
Transportation to programs	20	8	6	3	2	12	51	2
Homemaker services	10	4	7	3	1	25	50	3
Night care services in the home	14	9	10	3	1	14	51	2
Vacation relief	22	9	7	1	0	12	51	2
Family support and counselling	12	13	13	0	1	12	51	2
Case management	2	0	0	0	0	49	51	2

DP6.2 Rating of the need to extend or improve various aspects of Day Programs

	Very great need 1	2	3	4	No Need 5	N of programs responding	No response
The hours/days of operation of your present services	9	5	11	7	7	39	14
Transportation for clients	13	10	6	6	9	44	9
Physical environment	14	5	8	2	11	40	13
Equipment	2	5	9	9	11	36	17
Numbers of staff	10	8	9	4	11	42	11
Training of staff	5	12	12	6	6	41	12
Volunteers	10	18	10	3	5	46	7
Consultation from others	3	2	11	17	3	36	17
Health care	5	7	4	8	12	36	17

DP6.3 Day Program activities which have best met community needs

	N (mentions)	Percent (programs)
Nursing services	16	33.3%
Meals	34	70.8%
Recreational/social activities	36	75.0%
Nutrition/health counselling	4	8.3%
Counselling to client	7	14.6%
Health monitoring	6	12.5%
Vacation care	3	6.3%
Activities for daily living programming	8	16.7%
Physiotherapy	2	4.2%
Exercise groups	12	25.0%
Transportation	27	56.3%
In home relief to caregivers/homemaking	2	4.2%
Referral to other services	10	20.8%
Family support groups-self help	5	10.4%
Counselling/education for caregivers	12	25.0%
Physical care	4	8.3%
Household care	2	4.2%
Overnight care	3	6.3%
Total N (mentions)	193	
N of programs responding	48	
No response	5	

DP6.4 Activities that Day Programs gear to the special needs of clients with cognitive impairments or their caregivers

	N (mentions)	Percent (programs)
Nursing services	3	10.3%
Meals	14	48.3%
Recreational/social activities	28	96.6%
Nutrition/health counselling	7	24.1%
Counselling to client	11	37.9%
Health monitoring	9	31.0%
Vacation care	0	0.0%
Activities for daily living programming	15	51.7%
Physiotherapy	0	0.0%
Exercise groups	22	75.9%
Transportation	14	48.3%
In home relief to caregivers/homemaking	1	3.4%
Referral to other services	21	72.4%
Family support groups-self help	9	31.0%
Counselling/education for caregivers	19	65.5%
Physical care	1	3.4%
Household care	0	0.0%
Overnight care	2	6.9%
Total N (mentions)	176	
N of programs responding	29	
No response	0	

DAY PROGRAMS BY PROVINCE

Objective VII: To obtain descriptive information on service utilization and program operations.

DP7.1 Number of months Day Programs have operated

	N (programs)	Percent (programs)
Months		
1- 12	5	10.4%
13- 24	10	20.8%
25- 36	7	14.6%
37- 48	6	12.5%
49- 60	1	2.1%
61-120	10	20.8%
121 or more	9	18.8%
N of programs responding	48	
No response	5	

DP7.2 Settings in which Day Programs are provided

	N (mentions)	Percent (programs)
General hospital	2	3.8%
Chronic hospital	2	3.8%
Home for the Aged	32	61.5%
Free standing facility	43	82.7%
Mobile unit	0	0.0%
Church	6	11.5%
Elderly person's own home	1	1.9%
Home of the service provider	2	3.8%
Social service agency	0	0.0%
Retirement home	0	0.0%
Nursing home	2	3.8%
Seniors apartments	0	0.0%
Clubs for older people	0	0.0%
Elderly persons centres	3	5.8%
Community centre	1	1.9%
Office	0	0.0%
School building	2	3.8%
Total N (mentions)	96	
N of programs responding	52	
No response	1	

DP7.3 Kinds of spaces available in Day Program settings

	N (mentions)	Percent (programs)
Rest area	32	61.5%
Dining area	48	92.3%
Wheelchair and assistant accessible washrooms	47	90.4%
Table and gross motor activity areas	36	69.2%
Bathing area	14	26.9%
Enclosed outdoor area	18	34.6%
Food preparation and food storage area	36	69.2%
Locked cabinets	30	57.7%
Office space	41	78.8%
Coat room and lockers	32	61.5%
Staff area	27	51.9%
Reception and waiting room	31	59.6%
Meeting room	24	46.2%
Games/activity room	2	3.8%
Total N (mentions)	418	
N of programs responding	52	
No response	1	

DP7.4 Other spaces to which Day Programs have direct access

	N (mentions)	Percent (programs)
Swimming area/exercise room	2	8.0%
Recreation/leisure area	18	72.0%
Hairdressing shop	6	24.0%
Church	4	16.0%
Library	3	12.0%
Outdoor area	7	28.0%
Solarium	1	4.0%
Kitchen	1	4.0%
Office	1	4.0%
Total N (mentions)	43	
N of programs responding	25	
No response	7	

DP7.5 Modifications made to the physical setting of Day Programs to accommodate the clients

	N (mentions)	Percent (programs)
Air conditioning	2	4.3%
Washroom accessibility	12	25.5%
Redecorating	12	25.5%
Wheelchair accessibility	15	31.9%
Whirlpool/bath	1	2.1%
Security system	3	6.4%
Incorporated into original design	2	4.3%
Total N (mentions)	47	
N of programs responding	32	
No response	0	

DP7.6 Total number of clients served in Day Programs

	Total (clients)	Range* (clients)	Median (clients)	N of programs responding	No response
Number of people in program	2900	8-404	45	50	3
Number of individual frail elderly (not cognitively impaired)	1165	0-120	10.5	49	4
Number of cognitively impaired	874	0- 95	12	49	4
Number of individual caregivers who are clients	505	0-200	0	49	4
Number of these caregivers caring for persons with cognitive impairments	576	0-200	0	49	4

*Ranges begin at 0 in some cases because new programs have no clients to report.

DP7.7 Number of clients by average length of stay in Day Programs

	N (clients)	Percent (clients)
Less than one month	142	6.6%
From one month to six months	405	18.9%
Between six months and one year	493	23.0%
One - three years	932	43.4%
Over three years	173	8.0%
Total N (clients)	2145	
N of programs responding	47	
No response	6	

DP7.8 Number of clients by frequency of Day Program use

	N (clients)	Percent (clients)
One day or less	997	43.5%
Two days	817	35.6%
Three to five days	476	20.7%
Over five days	4	0.0%
Total N (clients)	2294	
N of programs responding	49	
No response	4	

DP7.9 Number of Day Program clients who received services in the previous month*

	N (mentions)	Percent (mentions)
Nursing services	562	4.6%
Meals	2223	18.1%
Recreational/social activities	2218	18.0%
Nutrition/health counselling	921	7.5%
Counselling to client	417	3.3%
Health monitoring	810	6.6%
Vacation care	14	0.1%
Activities for daily living programming	645	5.2%
Physiotherapy	25	0.2%
Exercise groups	1757	14.3%
Transportation	1485	12.1%
In home relief to caregivers/homemaking	90	0.7%
Referral to other services	424	3.4%
Family support groups-self help	240	2.0%
Counselling/education for caregivers	389	3.2%
Physical care	36	0.3%
Household care	0	0.0%
Overnight/emergency care	59	0.5%
Total N (clients)	12315	

* The number of respondents and non-respondents is not shown because many respondents only provided partial answers.

Precentages are based on the total number of clients reported for each service. Clients who received several services are reported in several categories.

DP7.10 Average number of clients served per Day Program by day of week

	N (clients)	Percent (clients)
Monday	6.5	15.8%
Tuesday	10.7	26.0%
Wednesday	8.1	19.7%
Thursday	9.2	22.3%
Friday	6.7	16.3%
Saturday	--	
Sunday	--	
Total N (clients)	41.2	
N of programs responding	41	
No response	12	

DP7.11 Opening times of Day Programs by day of week

	N 7:30-9:30 AM	N 10:00-11:30 AM	N Not Open	N of program responding	No response
Monday	20	14	15	49	4
Tuesday	26	14	9	49	4
Wednesday	26	12	11	49	4
Thursday	24	20	5	49	4
Friday	18	15	16	49	4
Saturday	0	1	46	47	6
Sunday	0	1	46	47	6

DP7.12 Closing times of Day Programs by day of week

	N 1:30-3:30 PM	N 4:00-6:00 PM	N 8:00-10:30 PM	N Not Open	N of program responding	No response
Monday	25	9	0	15	49	4
Tuesday	25	14	1	9	49	4
Wednesday	27	10	1	11	49	4
Thursday	34	9	1	5	49	4
Friday	25	8	0	16	49	4
Saturday	1	0	0	46	47	6
Sunday	1	0	0	46	47	6

DP7.13 Average number of hours per day Day Programs are open

	Average No. of hours	Percent (hours)
Monday	6.9	20.2%
Tuesday	6.7	19.6%
Wednesday	6.8	19.9%
Thursday	6.7	19.6%
Friday	7.0	20.5%
Saturday	0.0	0.0%
Sunday	0.0	0.0%
Total N (hours)	34.1	
N of programs responding	48	
No response	5	

DP7.14 Day Programs' rating of need to extend hours of service

		N (programs)	Percent (programs)
Very great need	1	10	22.7%
	2	8	18.2%
	3	14	31.8%
	4	11	25.0%
No need	5	9	20.5%
N of programs responding	44		
No response	9		

DP7.15 Ways in which Day Programs were promoted in their communities

	N (mentions)	Percent (programs)
Written material, promotional material, brochures	48	92.3%
Word of mouth	52	100.0%
Other agencies	49	94.2%
Newspaper articles	42	80.0%
Media: radio, T.V.	24	46.2%
Speeches with local groups	33	63.5%
Mailings to professionals	37	71.2%
Fundraising campaigns	30	57.7%
Advertising at travel agencies	2	3.8%
Alzheimers Societies	0	0.0%
Community information centres	1	1.9%
Total N (mentions)	318	
N of programs responding	52	
No response	1	

DP7.16 Most effective methods of promoting Day Programs

	N (mentions)	Percent (programs)
Written material, promotional material, brochures	13	31.7%
Word of mouth	30	73.2%
Other agencies	20	48.8%
Newspaper articles	8	19.5%
Media: radio, T.V.	6	14.6%
Speeches with local groups	11	26.8%
Mailings to professionals	4	9.8%
Fundraising campaigns	2	4.9%
Alzheimers Societies	0	0.0%
Community information centres	1	0.0%
Total N (mentions)	95	
N of programs responding	41	
No response	12	

DP7.17 Persons who assess clients' needs in Day Programs

	N (mentions)	Percent (programs)
Placement coordinator	1	2.0%
Program director/administrator	24	49.0%
Social worker	14	28.6%
Client's physician	12	24.5%
Program physician	1	2.0%
Discharge planner	1	2.0%
Team assessment	21	42.9%
Program manager	4	8.2%
Community support worker	3	6.1%
Home support worker	0	0.0%
Total N (mentions)	81	
N of programs responding	49	
No response	1	

DP7.18 Location of Day Program assessments

	N (mentions)	Percent (programs)
In the Day Program	19	40.4%
In the client's home or by telephone	12	25.5%
Both of the above	21	44.7%
Doctor's office	1	2.1%
Hospital	3	6.4%
Total N (mentions)	56	
N of programs responding	47	
No response	3	

DP7.19 Types of assessments required for prospective Day Program clients

	N (mentions)	Percent (programs)
Functional assessment	45	88.2%
Social assessment	47	92.2%
Individual needs assessment	39	76.5%
Medical/nursing assessment	42	82.4%
Total N (mentions)	173	
N of programs responding	51	
No response	2	

DP7.20 Personnel conducting formal intake procedure for Day Programs

	N (mentions)	Percent (programs)
Placement coordinator	3	6.0%
Program director/administrator	29	58.0%
Social worker/caseworker	18	36.0%
Client's physician	10	20.0%
Program's physician/nurse	8	16.0%
Discharge planner	2	4.0%
Team assessment	12	24.0%
Program manager	5	10.0%
Community support worker	2	4.0%
Total N (mentions)	89	
N or programs responding	50	
No response	3	

DP7.21 Admission criteria for Day Programs

	N (mentions)	Percent (programs)
Suffering from Alzheimers Disease/related disorder	18	35.3%
Caregiver in need of relief	2	3.9%
Living within catchment area	20	39.2%
Age limit stipulated	16	31.4%
No threat to self or others	3	5.9%
Must be living at home	12	23.5
Psychogeriatric assessment	1	2.0%
Medical certificate signed by physician	8	15.7%
Home visit assessment	2	3.9%
Does not wander	3	5.9%
Transport arranged independently	1	2.0%
Continence of bladder/bowel	15	29.4%
Ambulatory	10	19.6%
Self-administered medication	9	17.6%
Can eat independently/with minor assistance	11	21.6%
Interview with social worker or program coordinator	2	3.9%
No infectious diseases	1	2.0%
Elderly/disabled	14	27.5%
Homebound/unable to attend normal activities for daily living	4	7.8%
Registered with Metro Toronto's wandering patients	1	2.0%
Wears identification bracelet	1	
Total N (mentions)	154	
N of programs responding	51	
No response	2	

DP7.22 Criteria for refusing admission or terminating service in Day Programs

	N (mentions)	Percent (programs)
Overly agitated	9	18.8%
Threat to others or self	19	39.6%
Requires bed for rest	3	6.3%
Client needs surpass staff abilities	30	62.5%
Bowel/bladder incontinence	9	18.8%
Wandering	7	14.6%
Placement in a facility	0	0.0%
Unsafe surroundings	0	0.0%
Inability to pay	0	0.0%
Total N (mentions)	77	
N of programs responding	48	
No response	3	

DP7.23 Written program policies/manuals/guidelines available in Day Programs

	N (mentions)	Percent (programs)
Personnel manuals	30	60.0%
Position descriptions for staff	46	92.0%
Position descriptions for volunteers	31	62.0%
Performance appraisals	39	78.0%
Staff orientation/training	29	58.0%
Supervision	25	50.0%
Conditions of employment	31	62.0%
Board manuals	19	38.0%
Admission criteria	42	84.0%
Discharge criteria	30	60.0%
Procedures manuals	32	64.0%
Program planning for individuals	25	50.0%
Assessment and re-assessment procedures	31	62.0%
Care/service plan	26	52.0%
Emergency procedures	34	68.0%
User fees	30	60.0%
Means test	13	26.0%
Hours of operation	37	74.0%
Total N (mentions)	559	
N of programs responding	50	
No response	3	

DP7.24 Persons usually involved in deciding services a client receives in Day Programs

	N (mentions)	Percent (programs)
Client	40	75.5%
Family	44	83.0%
Other caregiver	27	50.9%
Placement coordinator	4	7.5%
Program director/administrator	43	81.1%
Social worker	20	37.7%
Client's physician	29	54.7%
Program's physician	7	13.2%
Discharge planner	6	11.3%
Nurse	17	32.1%
Home care coordinator	13	24.5%
Team assessment	15	28.3%
Total N (mentions)	265	
N of programs responding	53	
No response	0	

DP7.25 Frequency of periodic Day Program review of clients

	N (programs)	Percent (programs)
Weekly	5	10.4%
Monthly	13	27.1%
Every two months	2	4.2%
Every three months	16	33.3%
Every six months	5	10.4%
Once a year	7	14.6%
N of programs responding	48	
No response	4	

DP7.26 Personnel conducting periodic review of Day Program clients

	N (mentions)	Percent (programs)
Placement coordinator	4	7.8%
Program director/administrator	24	47.1%
Social worker	7	13.7%
Client's physician	10	19.6%
Program's physician	4	7.8%
Discharge planner	0	0.0%
Team assessment	25	49.0%
Day worker	0	0.0%
Total N (mentions)	74	
N of programs responding	51	
No response	1	

DP7.27 Medical/nursing procedures that are carried out by Day Programs

	N (mentions)	Percent (programs)
Emergency procedures	2	7.7%
Dealing with incontinence	4	15.4%
Medication administration	11	42.3%
Vital signs/basic care	19	73.1%
Dental work	1	3.8%
Grooming/foot care/bathing	8	30.8%
Stimulation/physio exercises	0	0.0%
Total N (mentions)	45	
N of programs responding	26	
No response	0	

DP7.28 Methods of legal protection used in Day Programs

	N (mentions)	Percent (programs)
Disclaimer signed by client/caregiver	13	33.3%
Insurance policy	39	100.0%
Lawyer	9	23.1%
Total N (mentions)	61	
N of programs responding	39	
No response	4	

RESPITE PROGRAMS BY PROVINCE

Objective I: To obtain information about the program components in specific MCSS-funded Respite Programs that would assist in developing MCSS policy on an appropriate core of program components for these programs in urban, rural and remote communities.

RP1.1 Number of locations for Respite Programs

	N (programs)	Percent (programs)
One location	25	96.2%
Two locations	0	0.0%
More than two locations	1	3.8%
N of programs responding	26	
No response	1	

RP1.2 Type of agency for Respite Programs

	N (programs)	Percent (programs)
Single-service agency	6	22.2%
Multi-service agency	21	77.8%
N of programs responding	27	
No response	0	

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* Tables in this section are based on a total N=27 programs. In some series of questions, an initial screening question allowed only some respondents to continue and answer subsequent questions. Tables presenting answers to these questions sum to less than 27.

The number of programs responding to the question and the number not responding is shown in each table. Percentages are based on the number of programs responding, unless otherwise specified. The total number of responses to multiple response questions is also shown as Total N (mentions), where appropriate.

RP1.3 Type of sponsorship of Respite Programs

	N (programs)	Percent (programs)
Municipality	6	22.2%
Charitable, not for profit	20	74.1%
Indian band	1	3.7%
For profit agency	0	0.0%
N of programs responding	27	
No response	0	

RP1.4 Number of Respite Programs providing these activities

	N (mentions)	Percent (programs)
Nursing services	4	15.4%
Meals	8	30.8%
Recreational/social activities	8	30.8%
Nutrition/health counselling	3	11.5%
Counselling to client	7	26.9%
Health monitoring	8	30.8%
Vacation care	5	19.2%
Activities for daily living programming	4	15.4%
Physiotherapy	0	0.0%
Exercise groups	1	3.8%
Transportation	8	30.8%
In home relief to caregivers/homemaking	20	76.9%
Referral to other services	13	50.0%
Family support groups-self help	6	23.1%
Counselling/education for caregivers	11	42.3%
Physical care	0	0.0%
Household care	1	3.8%
Overnight care	2	7.7%
Total N (mentions)	109	
N of programs responding	26	
No response	1	

RP1.5 Transportation arrangements for Respite Programs

	N (mentions)	Percent (programs)
Volunteers	12	63.2%
Client's family	10	52.6%
Client's friends	5	26.3%
Service clubs	1	5.3%
Agency's own van or bus	6	31.6%
Municipally operated transportation	7	36.8%
Referral to other service provider	5	26.3%
Taxi	0	0.0%
Red Cross	0	0.0%
Staff other than paid driver	4	21.1%
Total N (mentions)	50	
N of programs responding	19	
No response	8	

RP1.6 Satisfaction of Respite Programs with transportation arrangements

	N (programs)	Percent (programs)
Satisfied:		
Satisfied, no reason given	11	64.7%
Staff accompanies driver, security for client	1	5.9%
Receive funding from home support agency	1	5.9%
Adequate volunteers	1	5.9%
Not satisfied:		
Takes too much time to schedule volunteers	3	17.6%
N of programs responding	17	
No response	10	

RP1.7 Number of Respite Programs that provide services in both official languages

	N (programs)	Percent (programs)
Services provided in both official languages	6	24.0%
Services not provided in both official languages	19	76.0%
N of programs responding	25	
No response	2	

RP1.8 Languages other than English or French that are used to provide services in Respite Programs

	N (mentions)	Percent (programs)
Polish	3	25.0%
Italian	3	25.0%
German	3	25.0%
Finnish	3	25.0%
Dutch	2	16.7%
Sign	1	8.3%
Yiddish	1	8.3%
Russian	1	8.3%
Cree/Ojibway	1	8.3%
Chinese	0	0.0%
Ukranian	0	0.0%
Spanish	0	0.0%
Portuguese	0	0.0%
Indian	0	0.0%
Hebrew	0	0.0%
Total N (mentions)	21	
N of programs responding	12	
No response	0	

RP1.9 Problems involved in packaging activities that are cited by Respite Programs

	N (mentions)	Percent (programs)
Cost	7	50.0%
Lack of staff/volunteers	6	42.9%
Diverse needs/services	1	7.1%
Non-participation	2	14.3%
Lack of flexibility in nursing/medical care	1	7.1%
Need for co-ordination by a larger body	1	7.1%
Total N (mentions)	18	
N of programs responding	14	
No response	13	

RP1.10 Activities Respite Programs would like to initiate

	N (mentions)	Percent (programs)
Nursing services	3	16.7%
Meals	0	0.0%
Recreational/social activities	3	16.7%
Nutrition/health counselling	2	11.1%
Counselling to client	0	0.0%
Health monitoring	3	16.7%
Vacation care	11	61.1%
Activities for daily living programming	2	11.1%
Physiotherapy	2	11.1%
Exercise groups	0	0.0%
Transportation	2	11.1%
In home relief to caregivers/homemaking	4	22.2%
Referral to other services	0	0.0%
Family support groups-self help	7	38.9%
Counselling/education for caregivers	3	16.7%
Physical care	0	0.0%
Household care	0	0.0%
Overnight care	2	11.1%
Total N (mentions)	44	
N of programs responding	18	
No response	9	

RP1.11 Respite Program activities that are easiest to deliver

	N (mentions)	Percent (programs)
Nursing services	1	4.5%
Meals	5	22.7%
Recreational/social activities	5	22.7%
Nutrition/health counselling	3	13.6%
Counselling to client	1	4.5%
Health monitoring	4	18.2%
Vacation care	2	9.1%
Activities for daily living programming	4	18.2%
Physiotherapy	1	4.5%
Exercise groups	1	4.5%
Transportation	2	9.1%
In home relief to caregivers/homemaking	11	50.0%
Referral to other services	8	36.4%
Family support groups-self help	2	9.1%
Counselling/education for caregivers	5	22.7%
Physical care	2	9.1%
Household care	3	13.6%
Overnight care	1	4.5%
Total N (mentions)	61	
N of programs responding	22	
No response	5	

RP1.12 Reasons cited by Respite Programs for ease of delivery

	N (mentions)	Percent (programs)
Facilities/resources readily available	7	58.3%
Sufficient staff	8	66.7%
High level of participation	1	8.3%
Ample funding	1	8.3%
Total N (mentions)	17	
N of programs responding	12	
No response	15	

RP1.13 Activities cited by Respite Programs that are the most difficult to deliver

	N (mentions)	Percent (programs)
Nursing services	1	5.6%
Meals	1	5.6%
Recreational/social activities	3	16.7%
Nutrition/health counselling	0	0.0%
Counselling to client	1	5.6%
Health monitoring	1	5.6%
Vacation care	3	16.7%
Activities for daily living programming	0	0.0%
Physiotherapy	0	0.0%
Exercise groups	0	0.0%
Transportation	5	27.8%
In home relief to caregivers/homemaking	6	33.3%
Referral to other services	0	0.0%
Family support groups-self help	4	22.2%
Counselling/education for caregivers	3	16.7%
Physical care	1	5.6%
Household care	0	0.0%
Overnight care	1	5.6%
Total N (mentions)	30	
N of programs responding	18	
No response	9	

RP1.14 Reasons cited by Respite Programs for difficulty

	N (mentions)	Percent (programs)
Transportation problems	3	20.0%
Volunteer/staff shortage	9	60.0%
Lack of client support/interest	4	26.7%
Total N (mentions)	16	
N of programs responding	15	
No response	12	

RP1.15 Respite Programs that provide services in both English and French

	N (programs)	Percent (programs)
Services in both languages provided	6	24.0%
Services in both languages not provided	19	76.0%
N of programs responding	25	
No response	2	
Of the Respite Programs that do not provide services in both languages:		
Not provided but needed	1	5.3%
Not provided and not needed	18	94.7%
N of programs responding	19	
No response	0	

RP1.16 Respite Programs that provide services in languages other than English or French

	N (programs)	Percent (programs)
Other languages provided	12	44.4%
Other languages not provided	15	55.6%
N of programs responding	27	
No response	0	
Of the Respite Programs that do not provide services in other languages:		
Not provided but needed	5	33.3%
Not provided and not needed	10	66.7%
N of programs responding	15	
No response	0	

RP1.17 Problems at the outset of Respite Programs

	N (mentions)	Percent (programs)
Recruiting/retaining staff or volunteers	11	40.7%
Locating facility	3	11.1%
Equipping facility	1	3.7%
Transportation	3	11.1%
Advertising	2	7.4%
Funding	8	29.6%
Attracting clients	5	18.5%
Difficult relationship with other agencies	3	11.1%
No problems encountered	6	22.2%
Total N (mentions)	42	
N of programs responding	27	
No response	0	

RP1.18 Resources considered essential to Respite Programs

	N (mentions)	Percent (programs)
Program equipment	8	33.3%
Number of staff	23	95.8%
Number of volunteers	12	50.0%
Training of staff/volunteers	23	95.8%
Transportation for clients	11	45.8%
Transportation for staff/volunteers	10	41.7%
Office equipment	16	66.7%
Space	11	45.8%
Convenient location	9	37.5%
Contacts with other agencies	20	83.3%
Consultation from Area Office of MCSS	16	66.7%
Peer consultation	12	50.0%
Other	0	0.0%
Total N (mentions)	171	
N of programs responding	24	
No response	3	

RP1.19 Activities for which Respite Programs would find guidelines helpful

	N (mentions)	Percent (programs)
Nursing services	1	6.3%
Meals	2	12.5%
Recreational/social activities	3	18.8%
Nutrition/health counselling	1	6.3%
Counselling to clients	2	12.5%
Health monitoring	1	6.3%
Vacation care	1	6.3%
Activities for daily living programming	1	6.3%
Physiotherapy	1	6.3%
Exercise groups	1	6.3%
Transportation	2	12.5%
In home relief to caregivers/homemaking	9	56.3%
Referral to other services	2	12.5%
Family support groups-self help	3	18.8%
Counselling/education for caregivers	3	18.8%
Physical care	1	6.3%
Household care	1	6.3%
Overnight care	2	12.5%
Total N (mentions)	37	
N of programs responding	16	
No response	11	

RESPITE PROGRAMS BY PROVINCE

Objective II: To identify and analyse the current program and administrative costs of Respite Programs in Ontario as a basis for determining the development of appropriate funding policies and guidelines.

RP2.4 Administration expenses as a percentage of total annual Respite Program costs

	N (programs)	Percent (programs)
0-10%	3	20.0%
11-20%	2	13.3%
21-30%	4	26.7%
31-40%	1	6.7%
41-50%	1	6.7
51-60%	1	6.7
61-70%	2	13.3%
Over 70%	1	6.7%
N of programs responding	15	
No response	12	

RP2.6 Sources of Respite Program funding for the fiscal year ending March 31, 1988

	N (mentions)	Percent (programs)
The Ministry of Community and Social Services	23	100.0%
Municipal contributions	5	21.7%
Other government grants	4	17.4%
Client fees	17	73.9%
Other fees	1	4.3%
Rentals	0	0.0%
Trillium Foundation	0	0.0%
United Way	3	13.0%
Service clubs	0	0.0%
Alzheimers Society	0	0.0%
Donations/miscellaneous	9	39.1%
Fundraising/craft revenue	2	8.7%
VON	1	4.3%
Hospital	1	4.3%
Total N (mentions)	66	
N of programs responding	23	
No response	4	

RP2.7 Number of Respite Programs that receive free services

	N (programs)	Percent (programs)
Free services received	8	30.8%
No free services received	18	69.2%
N of programs responding	26	
No response	1	

RP2.8 Type of free services received by Respite Programs

	N (mentions)	Precent (programs)
Rent	3	37.5%
Cleaning	3	37.5%
Office equipment	2	25.0%
Program equipment	5	62.5%
Clerical support	4	50.0%
Total N (mentions)	17	
N of programs responding	8	
No response	0	

RP2.9 Fees for Respite Program services

	N (programs)	Percent (programs)
Fees charged for services provided	24	92.3%
No fees charged for services provided	2	7.7%
N of programs responding	26	
No response	1	

RP2.10A Daily fees for Respite Programs

Table includes only the programs which indicated an actual amount was charged. Many programs left blanks, which may or may not indicate that no fee was charged. These programs are included in the no response category.

	Mean	Range	N of programs responding	No response
Minimum fee	$14.31	$0.25-$46.00	4	23
Maximum fee	$17.44	$5.00-$46.80	6	21
Average payment per day	$10.06	$7.50-$30.00	5	22

RP2.10B Hourly fees for Respite Programs

Table includes only those programs which indicated an actual amount was charged. Many programs left blanks, which may or may not indicate that no fee was charged. These programs are included in the no response category.

	Mean	Range	N of programs responding	No response
Minimum fee	$3.56	$1-$6.5	9	18
Maximum fee	$5.26	$2-$10	14	13
Average payment per hour	$3.81	$2-$8	14	13

RP2.12 Number of Respite Programs by percentage of clients who pay full fees

Percentage of clients paying full fees	N (programs)	Percent (programs)
0-59%	4	20.0%
60-69%	2	10.0%
70-79%	0	0.0%
80-89%	4	20.0%
90-99%	5	25.0%
100%	5	25.0%
N of programs reponding	20	
No response	7	

RP2.13 Number of Respite Programs by percentage of clients who do not pay any user fee because of their inability to pay

Percentage of clients paying no fee	N (programs)	Percent (programs)
0%	8	47.1%
1-10%	5	29.4%
11-25%	3	17.6%
more than 25%	1	5.9%
N of programs responding	17	
No response	10	

Objective III: To describe the staffing of the programs.

RP3.1 Staff complement positions in Respite Programs

	N (mentions)
Director/administrator	9
Program coordinator	20
Supervisor	4
Intake worker	1
Registered nurse	4
Social worker	3
Physiotherapist	0
Occupational therapist	0
Family support worker	1
Activity director	1
Food service worker	1
Clerical staff	13
RNA/Health Care Aide	4
Homemaker	10
Driver	5
Activity worker	2
Student	3
Program assistant	0
Volunteer support coordinator	0
Respite worker	4
Home support worker	1
Total N (mentions)	86

* Includes all programs that indicated by any means (check mark or figure) that the position was part of the staff complement. The number of non-respondents is not shown because many respondents provided incomplete answers. All respondents provided at at least partial answers.

RP3.2 Staff complement positions that require special qualifications

	N (mentions)	Percent (programs)
Director/administrator	3	18.8%
Program coordinator	10	62.5%
Supervisor	3	18.8%
Intake worker	1	6.3%
Registered nurse	1	6.3%
Social worker	2	12.5%
Physiotherapist	0	0.0%
Occupational therapist	0	0.0%
Family support worker	1	6.3%
Activity director	0	0.0%
Food service worker	0	0.0%
Clerical staff	5	31.3%
RNA/HCA	2	12.5%
Homemaker	2	12.5%
Driver	0	0.0%
Activity worker	0	0.0%
Student	0	0.0%
Program assistant	0	0.0%
Volunteer support coordinator	0	0.0%
Respite worker	1	6.3%
Home support worker	0	0.0%
Total N (mentions)	31	
N of programs responding	16	
N response	11	

RP3.3 Major problems in recruiting competent staff identified by Respite Programs

	N (mentions)	Percent (programs)
Wages	15	100.0%
Pension plan	4	26.7%
Job image	2	13.3^
Benefits	8	53.3%
Working conditions	4	26.7%
Lack of qualified candidates	8	53.3%
Lack of training	2	13.3%
Restrictions on hiring	1	6.7%
Total N (mentions)	44	
N of programs responding	15	
No response	0	

RP3.4 Major problems in recruiting competent volunteers identified by Respite Programs

	N (mentions)	Percent (programs)
Lack of available candidates	7	77.8%
Lack of qualified candidates	3	33.3%
Lack of recognition	2	22.2%
Job image	4	44.4%
Inadequate training	1	11.1%
Working conditions	0	0.0%
Difficult to work with cognitively impaired	1	11.1%
Lack of staff time	1	11.1%
Transportation problems	0	0.0%
Total N (mentions)	19	
N of programs responding	9	
No response	0	

RP3.5 Major problems in retaining competent staff identified by Respite Programs

	N (mentions)	Percent (programs)
Wages	13	92.9%
Pension plan	2	14.3%
Job image	3	21.4%
Benefits	7	50.0%
Working conditions	2	14.3%
Lack of qualified candidates	2	14.3%
Lack of training	2	14.3%
Burnout, stress	7	50.0%
Guaranteed hours of work	1	7.1%
Casual status - unattractive	1	7.1%
Total N (mentions)	40	
N of programs responding	14	
No response	0	

RP3.6 Major problems in retaining competent volunteers identified by Respite Programs

	N (mentions)	Percent (programs)
Lack of recognition	3	42.9%
Working conditions	1	14.3%
Job image	2	28.6%
Burnout, stress	3	42.9%
Attracting young volunteers	0	0.0%
Lack of long-term commitment	2	28.6%
Difficult working with impaired persons	0	0.0%
Total N (mentions)	11	
N of programs responding	7	
No response	0	

RP3.7 Respite Programs indicating more staff or volunteers are required to meet the present demand

	N (programs)	Percent (programs)
More staff required	9	36.0%
More volunteers required	5	20.0%
More staff and volunteers required	7	28.0%
No more staff or volunteers required	4	16.0%
N of programs responding	25	
No response	2	

RP3.8 Respite Programs with in-service training for staff or volunteers

	N (programs)	Percent (programs)
Training for staff only	13	52.0%
Training for volunteers only	0	0.0%
Training for staff and volunteers	9	36.0%
No in-service training	3	12.0%
N of programs responding	25	
No response	2	

RP3.9 Respite programs with in-service training on cognitive impairment

	N (programs)	Percent (programs)
Training for staff only	12	54.5%
Training for volunteers	0	0.0%
Training for staff and volunteers	5	22.7%
No in-service training	5	22.7%
N of programs responding	22	
No response	0	

RP3.10 Content of Respite Program staff/volunteer training

	N (mentions)	Percent (programs)
Normal aging vs abnormal	0	0.0%
Alzheimers & other dementias	7	38.9%
Dealing with difficult patients	3	16.7%
First aid	0	0.0%
Workshop format	2	11.1%
Personal care techniques	6	33.3%
Assessment skills	1	5.6%
General nursing care	0	0.0%
Regular in-service training	0	0.0%
Visits to other facilities	6	33.3%
General orientation	3	16.7%
Total N (mentions)	28	
N of programs responding	18	
No response	4	

RP3.11 Ways Respite Program training could be improved

	N (mentions)	Percent (programs)
More contact with other programs	0	0.0%
Increase volunteer training	2	33.3%
More intensive	2	33.3%
Correspondence courses	0	0.0%
Access to more material	2	33.3%
Ongoing training	1	16.7%
Total N (mentions)	7	
N of programs responding	6	
No response	1	

RESPITE PROGRAMS BY PROVINCE

Objective IV: To obtain information about how Respite Programs have identified local community needs and involved local associations, family members and/or caregivers in program planning, development and delivery.

RP4.1 Methods used to determine the need for Respite Programs

	N (mentions)	Percent (programs)
Needs assessment/organizational planning	16	61.5%
Expert opinion/professional groups	7	26.9%
Request by public/family members	19	73.1%
Total N (mentions)	42	
N of programs responding	26	
No response	1	

RP4.2 Groups providing referrals to Respite Programs

	N (mentions)	Percent (programs)
Placement coordination service	9	36.0%
Homemakers agency	11	44.0%
Integrated Homemaker Program	5	20.0%
Local home care program	19	76.0%
Home support agency	9	36.0%
Local hospitals	19	76.0%
Public health nurses	20	80.0%
Private nursing agencies	7	28.0%
Clients' physicians	15	60.0%
Community information office	8	32.0%
Alzheimer Society	13	52.0%
Seniors councils/organizations	8	32.0%
Local association for community living (association for the mentally retarded)	4	16.0%
Family members	24	96.0%
Self-referral	13	52.0%
Community Occupational Therapy Associates	2	8.0%
Home for the Aged	0	0.0%
VON	3	12.0%
Total N (mentions)	189	
N of programs responding	25	
No response	2	

RP4.3 Groups involved in initial planning and development of Respite Programs

	N (mentions)	Percent (programs)
Placement coordination service	5	20.0%
Homemakers agency	5	20.8%
Integrated Homemaker Program	1	4.2%
Local home care program	8	33.3%
Home support agency	4	16.7%
Local hospitals	6	25.0%
Public health nurses	12	50.0%
Clients' physicians	3	12.5%
Community information office	2	8.3%
Alzheimer Society	9	37.5%
Seniors councils/organizations	10	41.7%
Local association for community living (association for the mentally retarded)	1	4.2%
District Health Council	10	41.7%
Home for the Aged	5	20.8%
Family members	11	45.8%
Area Office of Ministry of Community and Social Services	24	100.0%
Consultants/social workers	2	8.3%
Community Occupational Therapy Associates	2	8.3%
VON/Sisters of St. Joseph	3	12.5%
Total N (mentions)	123	
N of programs responding	24	
No response	3	

RP4.4 Groups represented in the Respite Program's on-going planning, development and delivery of services

	N (mentions)	Percent (programs)
Placement coordination service	4	16.0%
Homemakers agency	6	24.0%
Integrated Homemaker Program	1	4.0%
Local home care program	8	32.0%
Home support agency	3	12.0%
Local hospitals	6	24.0%
Public health nurses	12	48.0%
Clients' physicians	4	16.0%
Community information office	2	8.0%
Alzheimer Society	14	56.0%
Seniors councils/organizations	8	32.0%
Local association for community living (association for the mentally retarded)	0	0.0%
District Health Council	5	20.0%
Home for the Aged	5	20.0%
Family members	12	48.0%
Area Office of the Ministry of Community and Social Services	20	80.0%
Consultants	1	4.0%
Community Occupational Therapy Associates	1	4.0%
VON	1	4.0%
Total N (mentions)	113	
N of programs responding	25	
No response	2	

RP4.5 Groups on which Respite Programs are represented

	N (mentions)	Percent (programs)
Placement coordination service	3	15.0%
Homemakers agency	3	15.0%
Integrated Homemaker Program	1	5.0%
Local home care program	3	15.0%
Home support agency	4	20.0%
Local hospitals	1	5.0%
Public health nurses	1	5.0%
Clients' physicians	1	5.0%
Community information office	2	10.0%
Alzheimer Society	10	50.0%
Seniors councils/organizations	8	40.0%
Local association for community living (association for the mentally retarded)	2	10.0%
District Health Council	5	25.0%
Home for the Aged	4	20.0%
Other	9	45.0%
George Brown College	0	0.0%
Total N (mentions)	57	
N of programs responding	20	
No response	7	

RP4.6 Methods used for assessing the effectiveness of Respite Program services

	N (mentions)	Percent (programs)
Periodic surveys of need	9	34.6%
Feedback from referral sources	18	69.2%
Own appraisal and assessment	26	100.0%
Feedback from clients	25	96.2%
On-going monitoring committee	7	26.9%
Review by local planning or funding group	6	23.1%
Review of care plans	5	19.2%
Total N (mentions)	96	
N of programs responding	26	
No Response	1	

RESPITE PROGRAMS BY PROVINCE

Objective V: To identify the characteristics of the persons being served in Respite Programs.

RP5.1 Total number of clients served in Respite Programs

	Total (clients)	N of programs responding	No response
Number of people in program	2449	21	6
Number of individual frail elderly (not cognitively impaired clients)	1487	18	9
Number of cognitively impaired	336	18	9
Number of individual caregivers who are clients	428	19	8
Number of these caregivers caring for persons with cognitive impairments	273	20	7

RP5.2 Information that Respite Programs collect about caregivers

	N (mentions)	Percent (programs)
Family/social history/interest	2	18.2%
Living arrangements	2	18.2%
Stress factors/health/needs assessment	7	63.6%
Psychological/social assessment of care recipient	1	9.1%
Health background	4	36.4%
Basic information	3	27.3%
Burden index/interview	2	18.2%
Total N (mentions)	21	
N of programs responding	11	
No response	4	

RP5.3A Age of Respite Program clients

The percentages and totals in Tables RP5.3A-RP5.3C are based on the total clients of programs that responsed to these questions in the survey, and this total varies with each table.

Age Group	N (clients)	Percent (clients)
85+	555	22.5%
75-84	875	35.4%
65-74	846	34.3%
50-64	143	5.8%
under 50	50	2.0%
Total N (clients)	2469	
N of programs responding	21	
No response	6	

RP5.3B Gender of Respite Program clients

	N (clients)	Percent (clients)
Female	811	54.6%
Male	673	45.4%
Total N (clients)	1484	
N of programs responding	18	
No response	9	

RP5.3C Living arrangements of Respite Program clients

	N (clients)	Percent (clients)
Living alone	401	37.8%
Living with spouse only	402	37.9%
Living with children only	206	19.4%
Living with children and spouse	14	1.3%
Living with someone else (not family)	9	0.8%
Living in rest/retirement home	5	0.5%
Living in home for special care	8	0.8%
Living with sibling	16	1.5%
Total N (clients)	1061	
N of programs responding	17	
No response	10	

RP5.4A Percentage of Respite Program clients who are cognitively impaired, by age group.

Age group	Estimated % of each group that is cognitively impaired
85+	14.6%
75-84	15.1%
65-74	6.1%
50-64	11.5%
Under 50	2.0%
N of programs responding	15
No response	12

RP5.4B Percentage of Respite Program clients who are cognitively impaired, by gender

	% Estimated % of each group that is cognitively impaired
Female	16.8%
Male	13.9%
N of programs responding	14
No response	13

RP5.4C Percentage of Respite Program clients who are cognitively impaired, by living arrangement

	Estimated % of each group that is cognitively impaired
Living alone	7.2%
Living with spouse only	30.4%
Living with children only	29.1%
Living with children and spouse	71.4%
Living with someone else (not family)	33.3%
Living in rest/retirement home	0.0%
Living in home for special care	0.0%
Living with sibling	37.5%
N of programs responding	16
No response	11

RP5.5 Number of Respite Program clients with various behavioural manifestations

	N (mentions)	Percent* (mentions)
Incontinent	52	8.7%
Wandering	30	5.0%
Physically abusive, aggresive	10	1.7%
Irrational outbursts	46	7.7%
Withdrawn, passive	19	3.2%
Mobility impairment	261	43.5%
Sensory impairment	74	12.3%
Agitation/pacing	57	9.5%
Sleep disorders	37	6.2%
Disorientation	14	2.3%
Total N (mentions)	600	
N of programs responding	10	
No response	17	

* Percentages are based on the total N of clients reported with various behaviours. Clients with several behaviours are reported in several categories.

RP5.6 Number of Respite Program clients who made use of other services during the 12 months ending March 31, 1988

	N (mentions)	Percent* (mentions)
Home maker service	148	18.9%
Integrated Homemaker Program	138	17.6%
Home care	193	24.7%
Friendly visiting	7	1.0%
Meals on Wheels	35	4.5%
Public health nurses	25	3.2%
Transportation	26	3.3%
Day programs	22	2.8%
Private nursing	27	3.5%
In home respite care	47	6.0%
Institutional respite care	14	1.8%
VON	100	13.3%
Total N (mentions)	782	
N of programs responding	10	
No response	17	

* Percentages are based on the total number of clients reported using services. Clients who used several services are reported in several categories.

RESPITE PROGRAMS BY PROVINCE

Objective VI: To obtain preliminary information on the extent to which Respite Programs have developed the program components needed in their community.

RP6.1 Areas of services in the community identified by Respite Programs as needing improvements to better serve the frail elderly and those persons with cognitive impairments and their caregivers

	Most needed 1	2	3	4	Least needed 5	No need 6	N of programs responding	No response
1. Access to health and personal care services	6	2	3	1	0	12	24	3
2. Flexible hours of service operation	2	5	5	4	1	7	24	3
3. Coordination of services	2	12	0	1	0	9	24	3
4. Emergency/crisis care	2	7	3	1	1	10	24	3
5. Institutional care	2	5	2	2	1	12	24	3
6. Day care	4	5	2	2	1	10	24	3
7. Transportation to programs	5	3	2	1	1	12	24	3
8. Homemaker services	1	2	5	1	5	10	24	3
9. Night care services in the home	4	5	7	0	1	6	24	3
10. Vacation relief	8	7	4	0	1	4	24	3
11. Family support and counselling	4	3	4	1	0	12	24	3

RP6.2 Rating of the need to extend or improve various aspects of Respite Programs

	Very great need 1	2	3	4	No need 5	N of programs responding	No response
1. The hours/days of operation of your present services	3	1	4	3	6	17	10
2. Transportation for clients	3	1	2	0	6	12	15
3. Physical environment	0	0	1	3	8	12	15
4. Equipment	0	2	1	5	4	12	15
5. Numbers of staff	5	4	6	1	2	18	9
6. Training of staff	4	2	5	4	0	15	12
7. Volunteers	3	3	2	3	1	12	15
8. Consultation from others	1	1	5	4	1	12	15
9. Health care	1	2	2	2	2	9	18

RP6.3 Respite Program activities which have best met community needs

	N (mentions)	Percent (programs)
Nursing services	1	4.3%
Meals	4	17.4%
Recreational/social activities	2	8.7%
Nutrition/health counselling	1	4.3%
Counselling to client	0	0.0%
Health monitoring	4	17.4%
Vacation care	3	13.0%
Activities for daily living programming	0	0.0%
Physiotherapy	0	0.0%
Exercise groups	2	8.7%
Transportation	8	34.8%
In home relief to caregivers/homemaking	13	56.5%
Referral to other services	6	26.1%
Family support groups - self help	4	17.4%
Counselling/education for caregivers	8	34.8%
Physical care	1	4.3%
Overnight care	1	4.3%
Total N (mentions)	58	
N of programs responding	23	
No response	4	

RP6.4 Activities that Respite Programs gear to the special needs of clients with cognitive impairments or their caregivers

	N (mentions)	Percent (programs)
Nursing services	2	13.3%
Meals	4	26.7%
Recreational/social activities	6	40.0%
Nutrition/health counselling	1	6.7%
Counselling to client	4	26.7%
Health monitoring	6	40.0%
Vacation care	2	13.3%
Activities for daily living programming	2	13.3%
Physiotherapy	0	0.0%
Exercise groups	0	0.0%
Transportation	1	6.7%
In home relief to caregivers - homemaking	10	66.7%
Referral to other services	6	40.0%
Family support groups - self help	5	33.3%
Counselling/education for caregivers	8	53.3%
Physical care	0	0.0%
Household care	0	0.0%
Overnight care	0	0.0%
Total N (mentions)	57	
N of programs responding	15	
No response	0	

RESPITE PROGRAMS BY PROVINCE

Objective VII: To obtain descriptive information on service utilization and program operations.

RP7.1 Number of months Respite Programs have operated

	N (programs)	Percent (programs)
Months		
1 - 12	4	21.1%
13 - 24	8	42.1%
25 - 36	4	21.1%
37 - 48	1	5.3%
49 - 60	0	0.0%
More than 60	2	10.5%
N of programs responding	19	
No response	8	

RP7.6 Total number of clients served in Respite Programs

	Total (clients)	Range* (clients)	Median (clients)	N of programs responding	No response
Number of people in program	2449	4-693	36	21	6
Number of individual frail elderly (not cognitively impaired clients)	1487	0-665	6.5	18	9
Number of cognitively impaired	336	0- 38	19	18	9
Number of individual caregivers who are clients	428	0-114	0	19	9
Number of these caregivers caring for persons with cognitive impairments	273	0- 75	0	20	7

* Ranges begin at 0 in some cases because new programs have no clients to report.

RP7.7 Number of clients by average length of stay in Respite Programs

	N (clients)	Percent (clients)
Less than one month	166	12.9%
From one month to six months	516	40.0%
Between six months and one year	524	40.6%
One-three years	71	5.5%
Over three years	14	1.1%
Total N (clients)	1291	
N of programs responding	15	
No response	12	

RP7.8 Hours of service per week received by Respite Program clients

	N (clients)	Percent (clients)
1 - 3 hours	37	9.9%
4 - 7 hours	138	37.0%
8 - 15 hours	120	32.2%
More than 15 hours	78	20.9%
Total N (clients)	373	
N of programs responding	6	
No response	21	

RP7.9 Number of Respite Program clients who received services in the previous month*

	N (clients)	Percent (mentions)
Nursing services	78	2.3%
Meals	244	7.3%
Recreational/social activities	238	7.2%
Nutrition/health counselling	8	0.2%
Counselling to client	54	1.6%
Health monitoring	181	5.4%
Vacation care	37	1.1%
Activities for daily living programming	132	4.0%
Physiotherapy	0	0.0%
Exercise groups	160	4.8%
Transportation	795	23.9%
In home relief to caregivers/homemaking	975	29.3%
Referral to other services	164	4.9%
Family support groups-self help	81	2.4%
Counselling/education for caregivers	181	5.4%
Total N (clients)	3328	

* The number of respondents and non-respondents is not shown because many respondents only provided partial answers.

Percentages are based on the total number of clients reported for each service. Clients who received several services are reported in several categories.

RP7.10 Average number of clients served per Respite Program by day of week

	N (clients)	Percent (clients)
Monday	46.1	16.0%
Tuesday	46.4	16.1%
Wednesday	46.7	16.2%
Thursday	46.9	16.3%
Friday	47.3	16.5%
Saturday	27.3	9.5%
Sunday	27.1	9.4%
Total N (clients)	287.8	
N of programs responding	7	
No response	20	

RP7.11 Opening times of Respite Programs by day of week

	N 7:00 - 9:30 AM	N Open 24 Hours	N Not open	N of programs responding	No response
Monday	12	8	1	21	6
Tuesday	13	8	0	21	6
Wednesday	13	8	0	21	6
Thursday	13	8	0	21	6
Friday	12	8	1	21	6
Saturday	9	8	4	21	6
Sunday	9	8	4	21	6

RP7.12 Closing times of Respite Programs by day of week

	N Closed noon	N 4:30 - 6:00 PM	N 8:00 - 10:30 PM	N Open 24 Hour	N Not Open	N of programs responding	No response
Monday	1	9	2	8	0	20	7
Tuesday	1	10	2	8	0	21	6
Wednesday	1	10	2	8	0	21	6
Thursday	1	9	3	8	0	21	6
Friday	1	9	2	8	0	20	7
Saturday	1	5	2	8	5	21	6
Sunday	1	5	2	8	5	21	6

RP7.13 Average number of hours per day Respite Programs' services are offered

	N (hours)	Percent (hours)
Monday	15.3	13.6%
Tuesday	15.0	13.3%
Wednesday	15.2	13.5%
Thursday	15.4	13.7%
Friday	15.5	13.8%
Saturday	18.4	16.4%
Sunday	17.6	15.75
Total N (hours)	112.4	
N of programs responding	21	
No response	6	

RP7.14 Respite Programs' rating of need to extend hours of service

		N (programs)	Percent (programs)
Very great need	1	3	17.6%
	2	1	5.9%
	3	4	23.5%
	4	3	17.6%
No need	5	6	35.3%
N of programs responding	17		
No response	10		

RP7.15 Ways in which Respite Programs were promoted in their communities

	N (mentions)	Percent (programs)
Written material, promotional material, brochures	23	88.5%
Word of mouth	25	96.2%
Other agencies	23	88.5%
Newspaper articles	17	65.4%
Media: radio, T.V.	12	46.2%
Speeches with local groups	16	61.5%
Mailings to professionals	14	53.8%
Fundraising campaigns	8	30.8%
Advertising at travel agencies	1	3.8%
Alzheimers Societies	0	0.0%
Community information centres	0	0.0%
Total N (mentions)	139	
N of programs responding	26	
No response	1	

RP7.16 Most effective methods of promoting Respite Programs

	N (mentions)	Percent (programs)
Written material, promotional material, brochures	7	31.8%
Word of mouth	13	59.1%
Other agencies	7	31.8%
Newspaper articles	6	27.3%
Media: radio, T.V.	1	4.5%
Speeches with local groups	6	27.3%
Mailings to professionals	1	4.5%
Fundraising campaigns	0	0.0%
Alzheimers Societies	0	0.0%
Community information centres	1	4.5%
Total N (mentions)	42	
N of programs responding	22	
No response	5	

RP7.17 Persons who assess clients' needs in Respite Programs

	N (mentions)	Percent (programs)
Placement coordinator	7	28.0%
Program director/administrator	15	60.0%
Social worker	7	28.0%
Client's physician	2	8.0%
Program physician	2	8.0%
Discharge planner	2	8.0%
Team assessment	4	16.0%
Program manager	1	4.0%
Community support worker	0	0.0%
Home support worker		
Total N (mentions)	40	
N of programs responding	25	
No response	1	

RP7.18 Location of Respite Program assessments

	N (mentions)	Percent (programs)
In the Day Program	2	8.0%
In the client's home or by telephone	22	88.0%
Both of the above	2	8.0%
Doctor's office	0	0.0%
Hospital	5	20.0%
Total N (mentions)	31	
N of programs responding	25	
No response	1	

RP7.19 Types of assessments required for prospective Respite Program clients

	N (mentions)	Percent (programs)
Functional assessment	17	65.4%
Social assessment	14	53.8%
Individual needs assessment	24	92.3%
Medical/nursing assessment	11	42.3%
Total N (mentions)	66	
N of programs responding	26	
No response	1	

RP7.20 Personnel conducting formal intake procedure for Respite Programs

	N (mentions)	Percent (programs)
Placement coordinator	10	47.6%
Program director/administrator	14	66.7%
Social worker/caseworker	7	33.3%
Client's physician	1	4.8%
Program's physician/nurse	2	9.5%
Discharge planner	1	4.8%
Team assessment	1	4.8%
Program manager	0	0.0%
Community support worker	0	0.0%
Total N (mentions)	36	
N of programs responding	21	
No response	2	

RP7.21 Admission criteria for Respite Programs

	N (mentions)	Percent (programs)
Suffering from Alzheimers Disease/related disorder	8	30.8%
Caregiver in need of relief	8	30.8%
Living within catchment area	8	30.8%
Age limit stipulated	8	30.8%
Must be living at home	4	15.4%
Must live with family member	1	3.8%
Medical certificate signed by physician	2	7.7%
Home visit assessment	2	7.7%
Safe living environment	1	3.8%
Self-administered medication	1	3.8%
Interview with social worker or program coordinator	1	3.8%
Admission to residential care only	1	3.8%
No infectious diseases	1	3.8%
Elderly/disabled	8	30.8%
Total N (mentions)	50	
N of progams responding	26	
No response	1	

RP7.22 Criteria for refusing admission or terminating service in Respite Programs

	N (mentions)	Percent (programs)
Overly agitated	1	10.0%
Threat to others or self	3	30.0%
Requires bed for rest	0	0.0%
Client needs surpass staff abilities	3	30.0%
Bowel/bladder incontinence	0	0.0%
Wandering	0	0.0%
Placement in a facility	0	0.0%
Unsafe surroundings	3	30.0%
Inability to pay	2	20.0%
Total N (mentions)	13	
N of programs responding	10	
No response	6	

RP7.23 Written program policies/manuals/guidelines available in Respite Programs

	N (mentions)	Percent (programs)
Personnel manuals	12	52.2%
Position descriptions for staff	22	95.2%
Position descriptions for volunteers	7	30.4%
Performance appraisals	16	69.6%
Staff orientation/training	16	69.6%
Supervision	10	43.5%
Conditions of employment	16	69.6%
Board manuals	12	52.2%
Admission criteria	19	82.6%
Discharge criteria	4	17.4%
Procedures manuals	13	56.5%
Program planning for individuals	3	13.0%
Assessment and re-assessment procedures	15	65.2%
Care/service plan	8	34.8%
Emergency procedures	9	39.1%
User fees	12	52.2%
Means test	4	17.4%
Hours of operation	9	39.1%
Total N (mentions)	207	
N of programs responding	23	
No response	4	

RP7.24 Persons usually involved in deciding services a client receives in Respite Programs

	N (mentions)	Percent (programs)
Client	16	59.3%
Family	21	77.8%
Other caregivers	11	40.7%
Placement coordinator	9	33.3%
Program director/administrator	16	59.3%
Social worker	5	18.5%
Client's physician	6	22.2%
Program's physician	1	3.7%
Discharge planner	4	14.8%
Nurse	4	14.8%
Home care coordinator	9	33.3%
Team assessment	4	14.8%
Total N (mentions)	106	
N of programs responding	27	
No response	0	

RP7.25 Frequency of periodic Respite Program review of clients

	N (programs)	Percent (programs)
Weekly	1	5.0%
Monthly	7	35.0%
Every two months	4	20.0%
Every three months	4	20.0%
Every six months	3	15.0%
Once a year	1	5.0%
N of programs responding	20	
No response	4	

RP7.26 Personnel conducting periodic review of Respite Program clients

	N (mentions)	Percent (programs)
Placement coordinator	6	26.1%
Program director/administrator	13	56.5%
Social worker	6	26.1%
Client's physician	0	0.0%
Program's physician	2	8.7%
Discharge planner	0	0.0%
Team assessment	6	26.1%
Respite worker	0	0.0%
Total N (mentions)	33	
N of programs responding	23	
No response	1	

RP7.27 Medical/nursing procedures that are carried out by Respite Programs

	N (mentions)	Percent (programs)
Emergency procedures	0	0.0%
Dealing with incontinence	2	25.0%
Medication administration	1	12.5%
Vital signs/basic care	1	12.5%
Dental work	0	0.0%
Grooming/foot care/bathing	4	50.0%
Stimulation/physio exercises	1	12.5%
Total N (mentions)	9	
N of programs responding	8	
No response	2	

RP7.28 Methods of legal protection used in Respite Programs

	N (mentions)	Percent (programs)
Disclaimer signed by client/caregiver	8	38.1%
Insurance policy	20	95.2%
Lawyer	6	28.6%
Total N (mentions)	34	
N of programs responding	21	
No response	0	